

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<h1>George Barkley</h1>				CERTIFICATE OF DEATH		
Died at		Town	County		to	
Cambidge		Dorchester	MARYLAND			
Date of death	1907	Month May	Day 14	Years 1	Months 1	Days
Sex	Male	Color or Race	Black	Birth-place	Cambidge	
Occupation	Child	Where Residing if not at place of death			Cambidge	
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	George Barkley			Father's Birthplace	Cambidge	
Mother's Maiden Name	Sarah Eliz. Cornish			Mother's Birthplace	Bucktown	
Name of person giving Information	Dayley			How related to deceased	Uncle	

### CAUSES OF DEATH

Primary

Pneumonia

93

How long

Don't know

How long

Immediate

Heart Failure very likely as don't saw him since 3 months ago.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

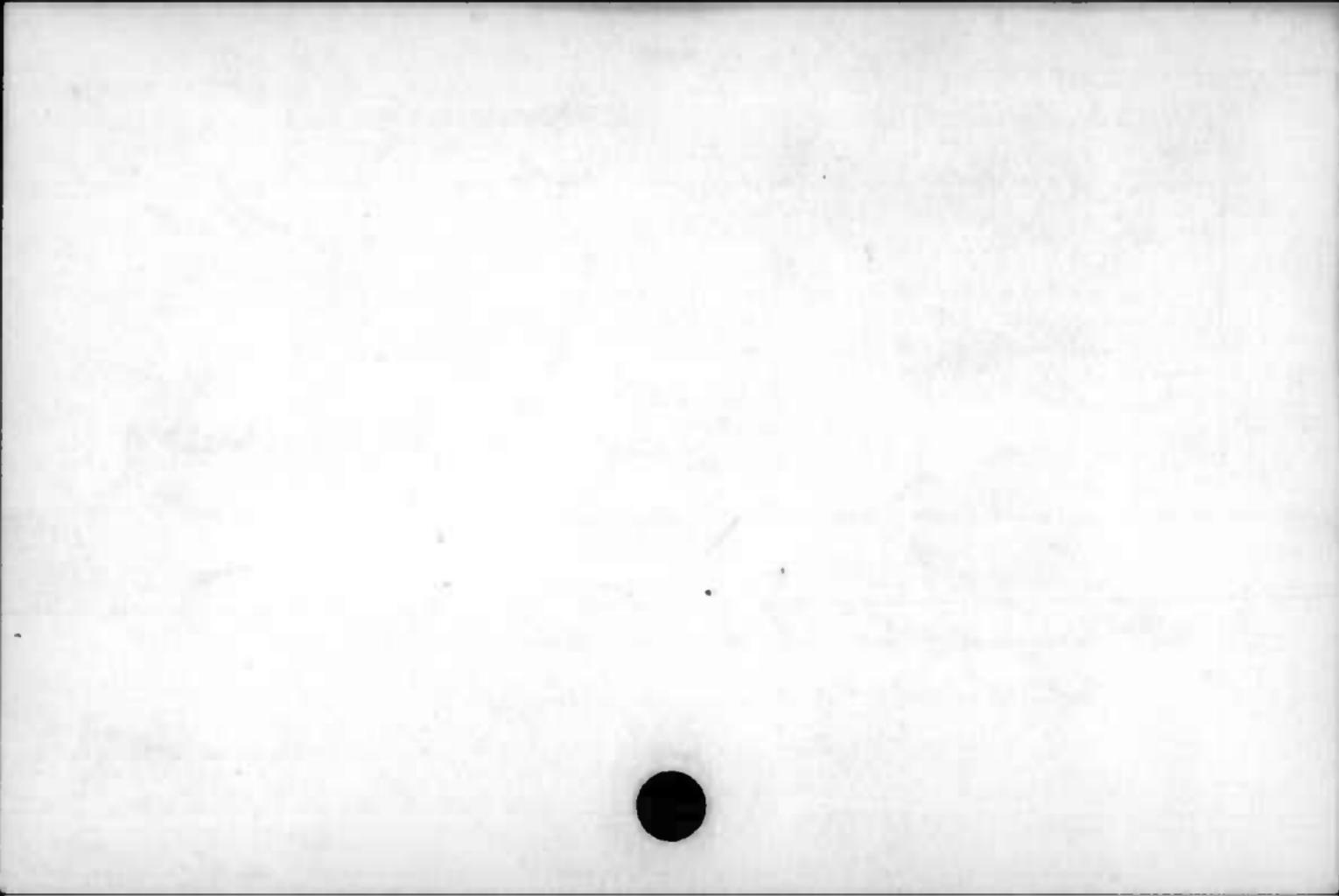
Yes

Signature of Physician

E.H. Wolff

Address  
Cambidge, Md.

Accident or Suicide?



Name  
in  
Full

Robinson Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Taylor's Island</u>		Town <u>Taylor's Island</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>15</u>	Years <u>82</u>	Age <u>82</u>	Months <u>6</u>	Days <u>28</u>	
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Md.</u>		
Occupation <u>Farming</u>	Where Residing if not at place of death <u>John Branigan, Taylor's Island, Md.</u>						
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Mary V. Barnes</u>				Father's Birthplace <u>Md.</u>		
Father's Name <u>Robert Barnes</u>					Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Jemima Gadd</u>					How related to deceased <u>Brother-in-Law</u>		
Name of person giving information <u>John Branigan</u>							

CAUSES OF DEATH

Primary Epionic Interstitial Nephritis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

120

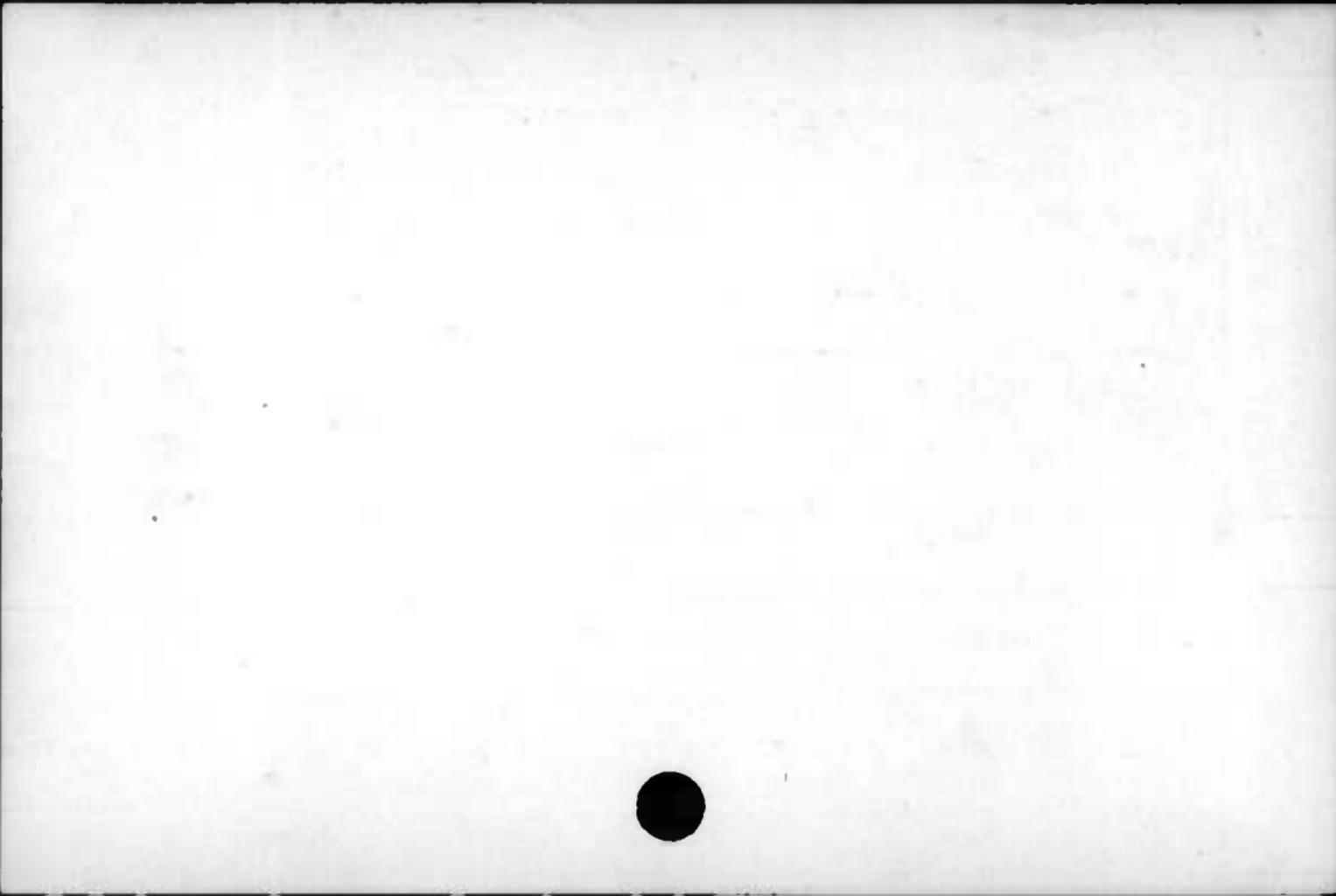
How long

3 yrs

How long

Joe B. Shriver Jr.  
Taylor's Island  
Md.

Accident or Suicide?



Name  
in  
Full

Melvina Isabel Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month April	Day 17	Years 61	Months 4	Days 5	
Sex	Female	Color or Race	White	Birthplace	Md		
Occupation	Housekeeper			Where Residing if not at place of death	<del>Bushrod Bramble</del>		
Married, Single or Widowed	Widow	Name of Wife or Husband	<del>Bushrod Bramble</del>				
Father's Name	Gilbert Wingate			Father's Birthplace	Md		
Mother's Maiden Name	Priscilla Mills			Mother's Birthplace	Md		
Name of person giving Information	Royston S Bramble			How related to deceased	Son		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Organic Heart Disease

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

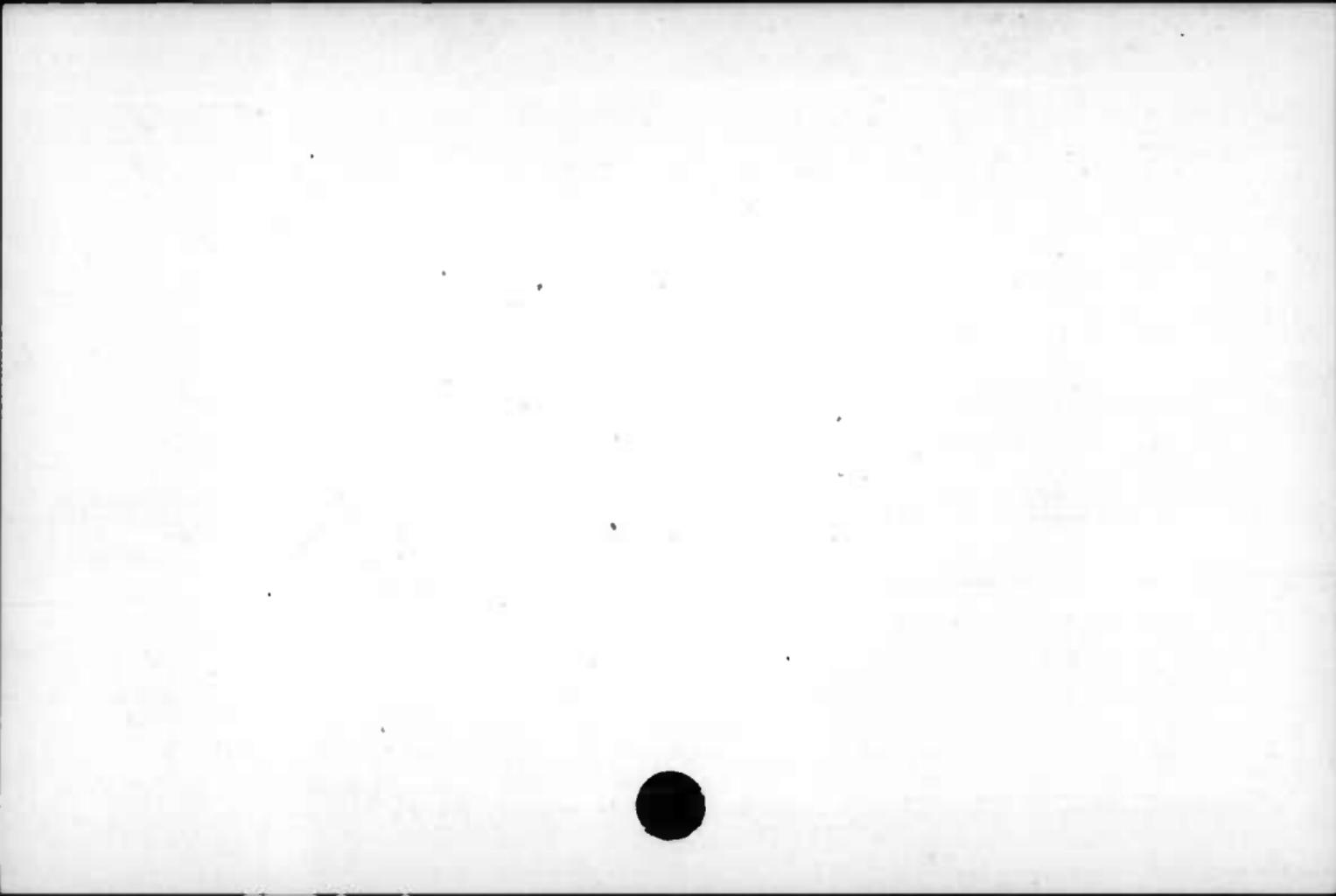
Yes

Signature of Physician

E. A. Jones  
Crajo

Address

Accident or Suicide?



Name  
in  
Full

John Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1907	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	colored	Birth-place	MD	
Occupation	Laborer		Where Residing if not at place of death	<del>Mary J. Carpenter</del>		
Married, Single or Widowed	Married	Name of Wife or Husband	<del>Mary J. Carpenter</del>			
Father's Name	Roger Cornish		Father's Birthplace	MD		
Mother's Maiden Name	Northmore		Mother's Birthplace	MD		
Name of person giving Information	Daniel Hubbard		How related to deceased	son-in-law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary *Valvular heart disease* How long *2 yrs*

Immediate *Heart disease* How long *6 months*

Are the name, age, sex, color, date and place correctly given above?

yes

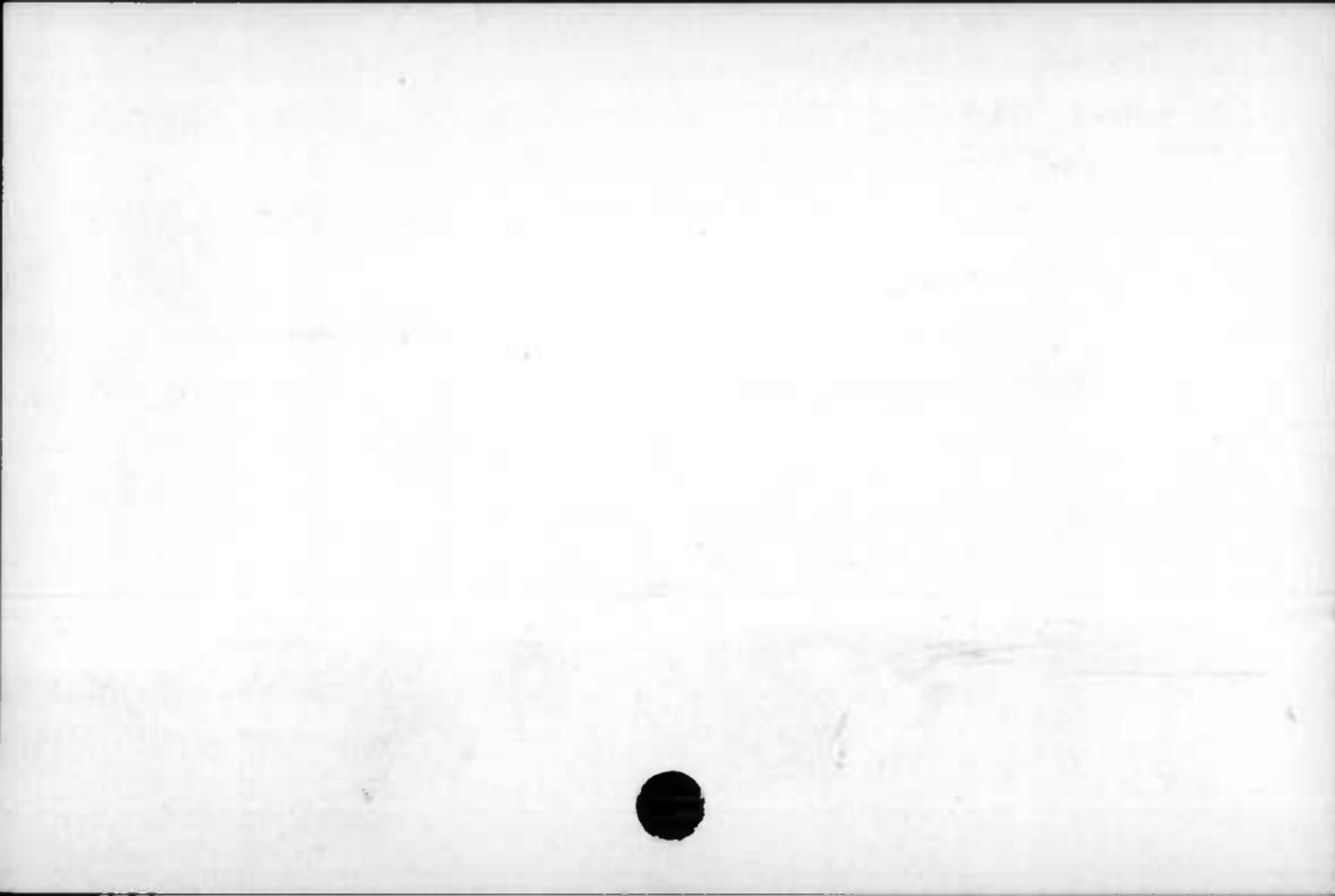
Signature of Physician

*D. J. Maguire*

Address

*Garrett 2 Md*

Accident or Suicide?



Name  
in  
Full

Samuel Dunnock

CERTIFICATE OF DEATH

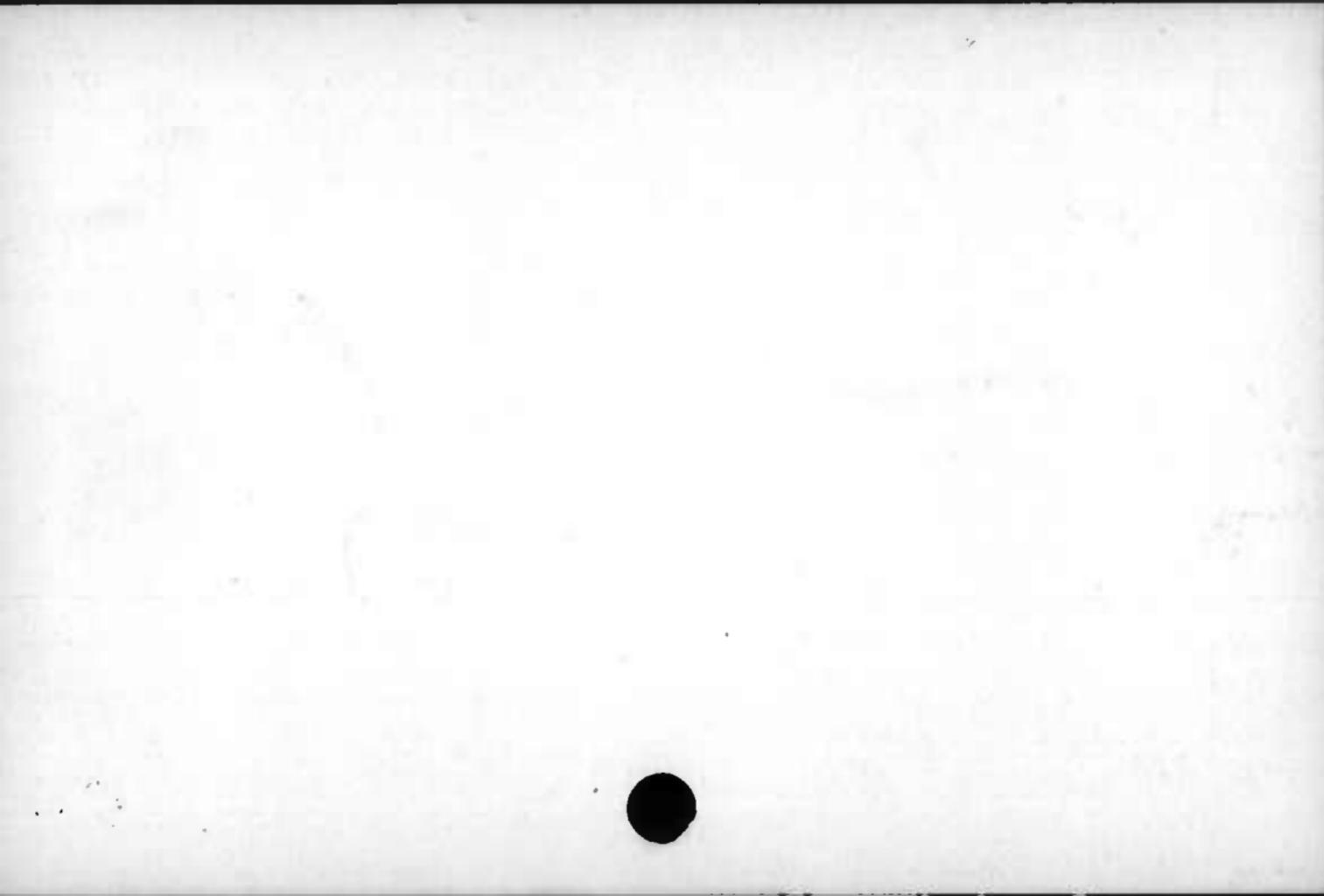
TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Madison</u>		Town	Dorchester County		MARYLAND	
Date of death	1907	Month May	Day 25	Age 73	Years	Months
Sex	Male	Color or Race	White		Birth-place	Days
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Miranda Dunnock			
Father's Name	<del>Samuel Dunnock</del>				Father's Birthplace	Dor. Co. Md.
Mother's Maiden Name	Sarah Shenton				Mother's Birthplace	Dor. Co. Md
Name of person giving information	David Dunnock				How related to deceased	Brother

CAUSES OF DEATH

66

PHYSICIAN OR CORONER	Primary	Paralysis	How long	about 4 months
	Immediate	General exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. L. Knich M.D.	
		Address	Madison, Md.	
Accident or Suicide?				



Name  
in  
Full

Annie Fleetwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harrison</u>		County <u>Dor</u>		MARYLAND		
Date of death 190 <u>7</u>	Month <u>5</u>	Day <u>26</u>	Years <u>53</u>	Months <u>✓</u>	Days <u>9</u>	
Sex <u>female</u>	Color or Race <u>white</u>	Occupation <u>Housekeeper</u>		<del>Housekeeper</del>		
Married, Single or Widowed <u>Shadow</u>						
Name of Wife or Husband <u>Isaac J. Fleetwood</u>						
Father's Name <u>Jacob S. White</u>				Father's Birthplace <u>Dor</u>		
Mother's Maiden Name <u>Sarah C. Mull</u>				Mother's Birthplace <u>Dor</u>		
Name of person giving information <u>Luther Killian</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

45

How long

Eight mos

How long

PHYSICIAN  
OR CORONER

Primary Carcinoma

Immediate

Are the name, age, sex, color, date and place correctly given above?

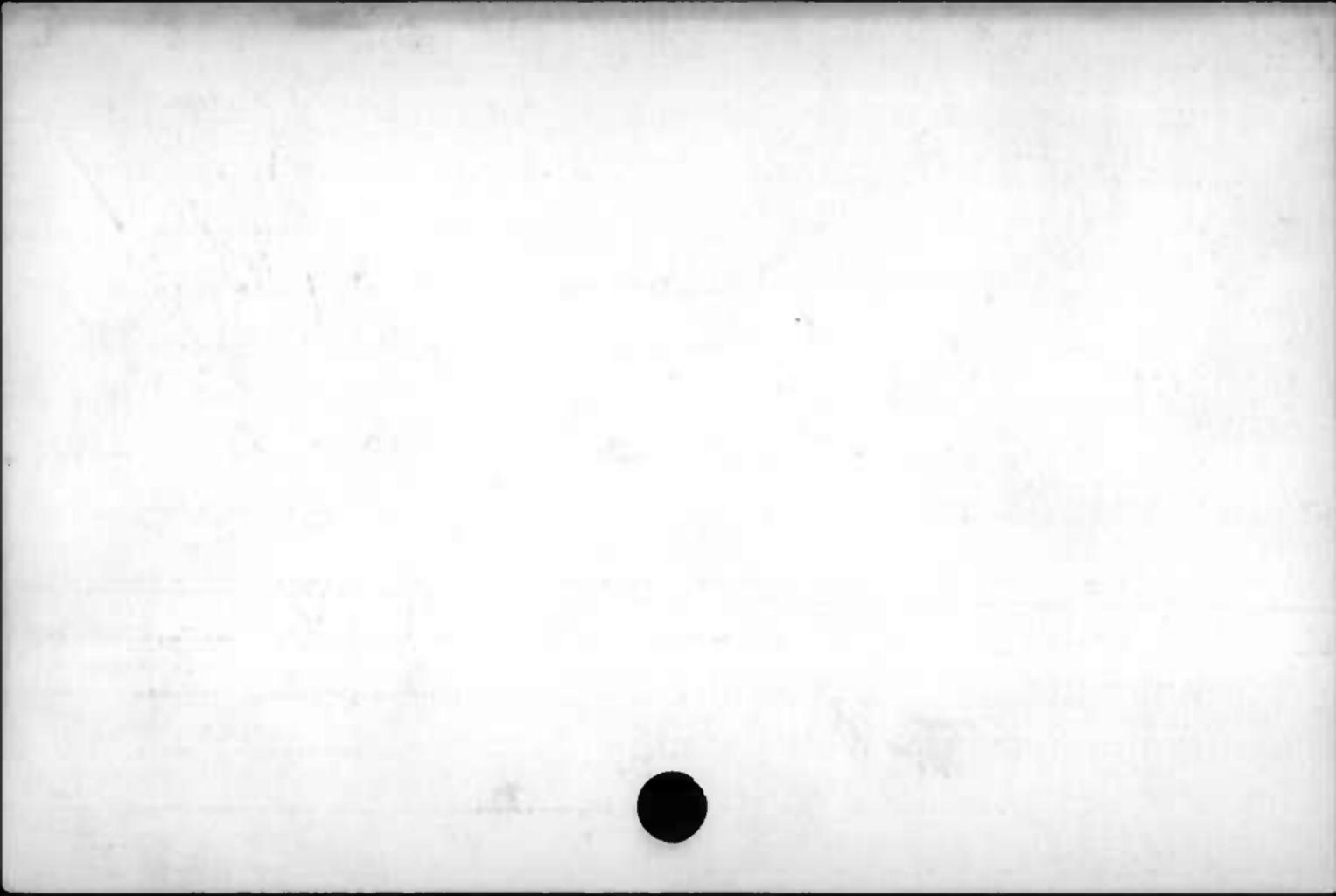
yes

Signature of Physician

Address

E. Roger Myers  
Hurlock  
md

Accident or Suicide?



Name  
in  
Full

Samuel S. Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Name	Color or Race	Age	Somerset Co.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah E. Ford			
Father's Name	Elsey Ford				
Mother's Maiden Name	Marie Ford				
Name of person giving information	Mrs. Sarah E. Ford				

## CAUSES OF DEATH

79

Primary Nitrate Poisoning (spurious margin)

How long  
Months

Immediate Facial heart-exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

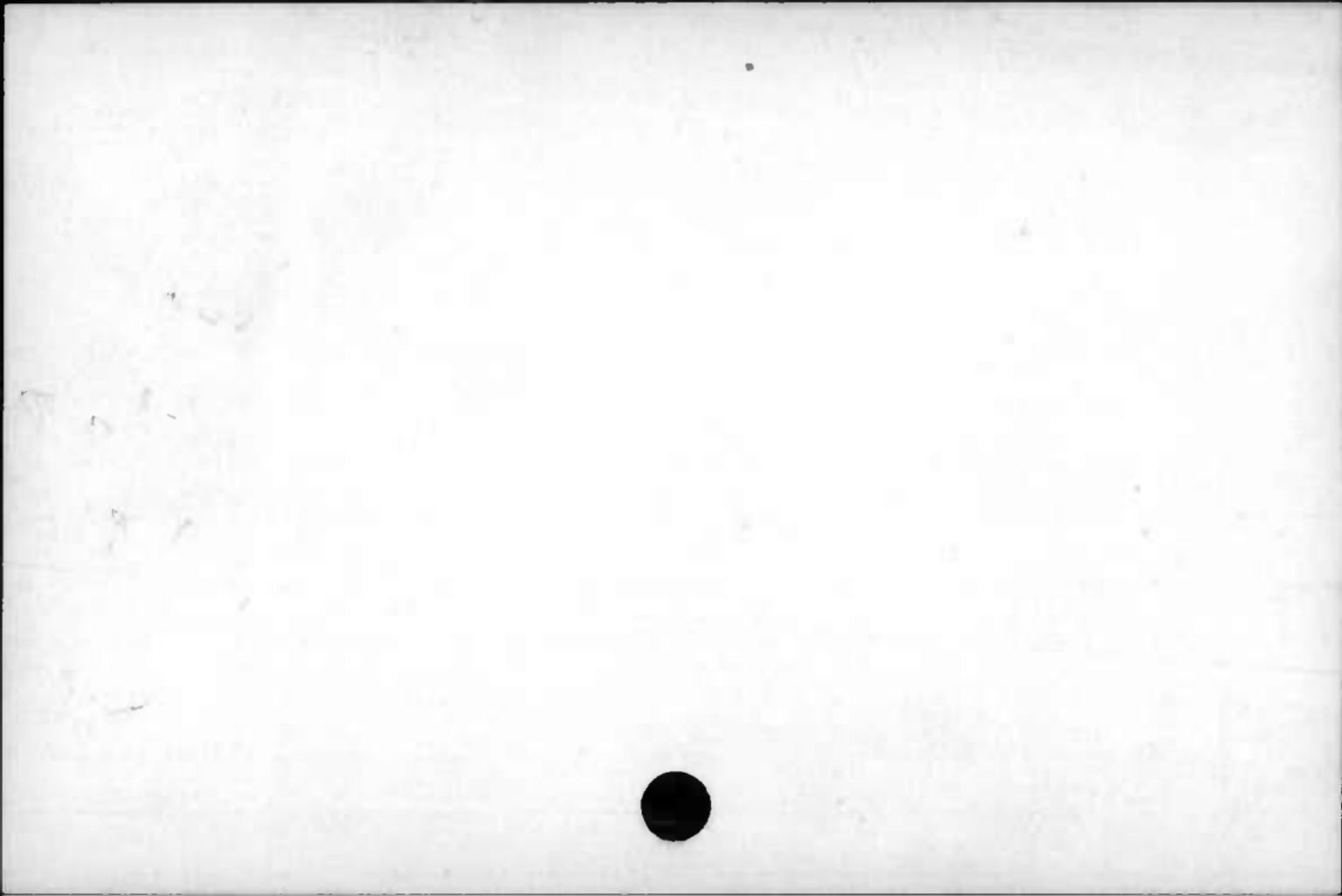
Signature of Physician

Guy Steele

Address

Cambridge 2nd.

Accident or Suicide?



Name  
in  
Full

Mariah J. Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cambridge

Town

Date  
of death

1901

Month

May

Day

9th

County

Worcester

Months

Days

9

Sex

Female

Color or  
Race

Age

Years

1

Color

Birth  
place

Cambridge

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Robert Greene

Father's  
Birthplace

St. Marys

Mother's  
Maiden Name

Mariah Ross

Mother's  
Birthplace

Worcester Co

Name of person giving  
Information

Mariah Greene

How related  
to deceased

Mother

CAUSES OF DEATH

105

Primary

Acute Gastro Enteritis

How long

Two months

Immediate

Anthrax

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

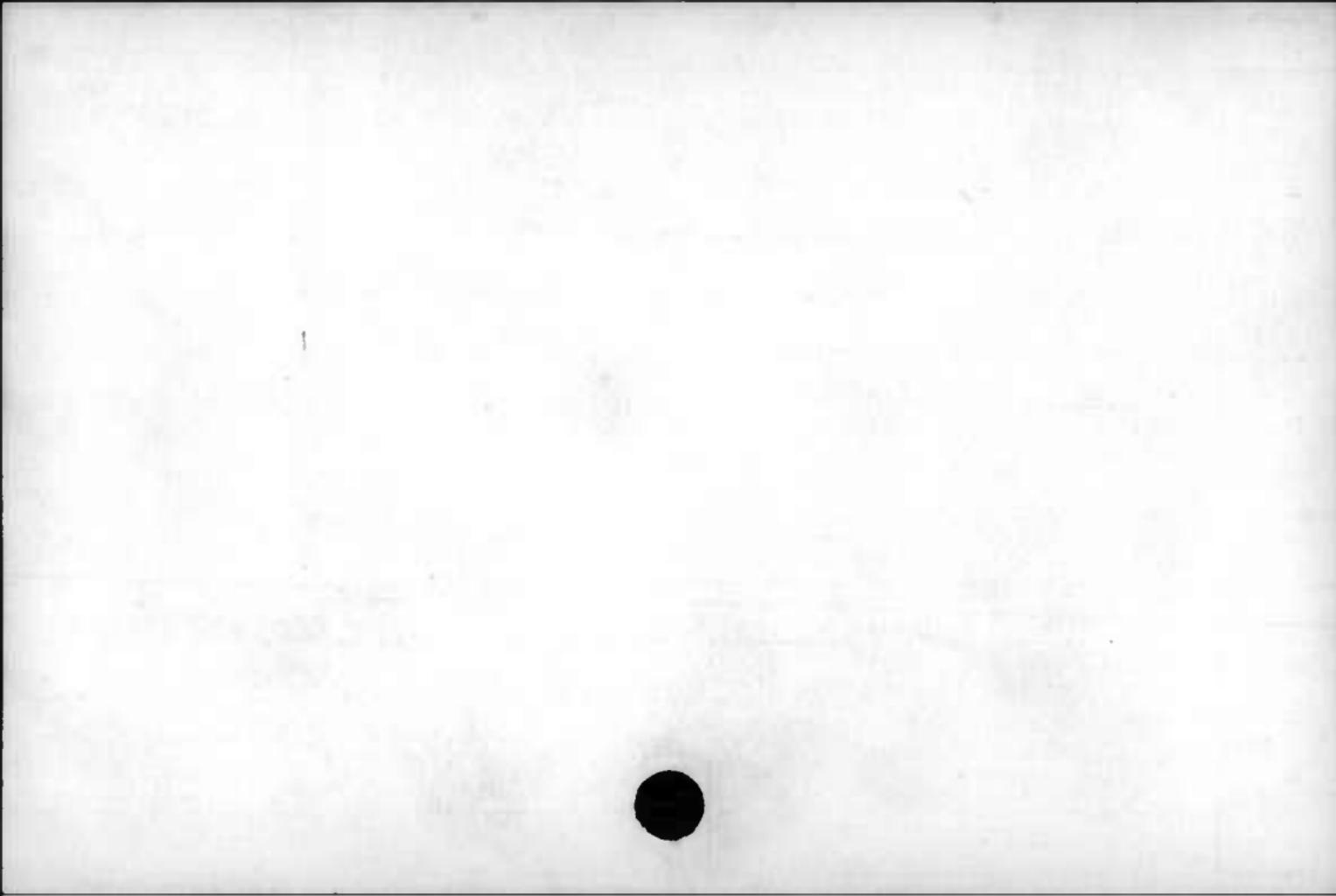
Signature of  
Physician

Address

Walter P. Reynolds M.D.  
Cambridge Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

William J. Henry

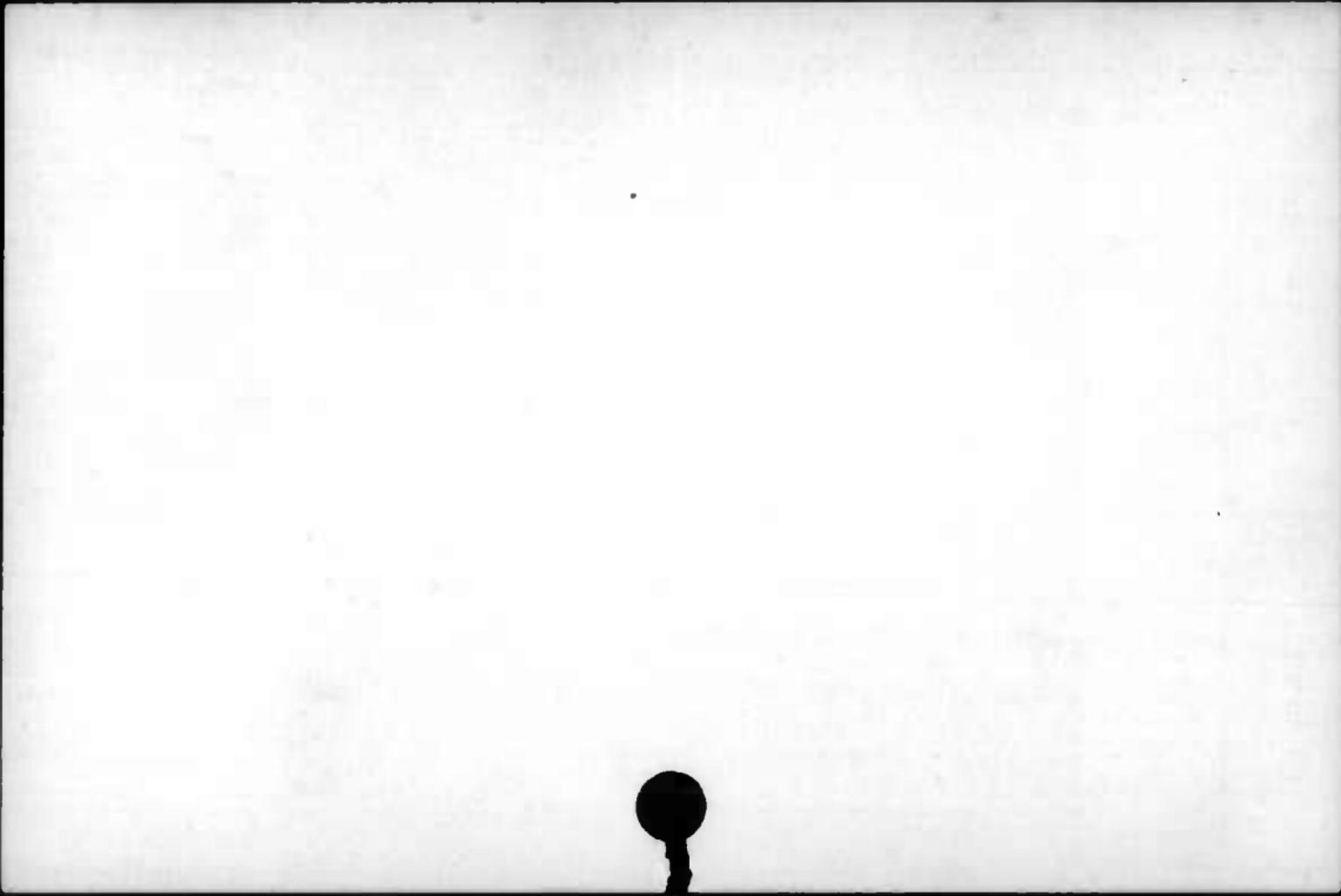
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Cambridge Md		
Father's Name	Martha Henry			
Mother's Maiden Name	Maryland			
Name of person giving information	Rufus E. Henry			
CAUSES OF DEATH				
Primary	Carcinoma of Colon sigmoid 1/2 months			
Immediate	Exhaustion from Extremum of growth			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		Lucy Steele	—	
Address		Cambridge Md.		
Accident or Suicide?				

44

PHYSICIAN  
OR CORONER



Agnes Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Where Residing if not at place of death		Birth-place	
Occupation	Student					
Married, Single or Widowed	Single		Name of Wife or Husband		Father's Birthplace	
Father's Name	Douglas Holland				Dorchester Co	
Mother's Maiden Name	Estelle Sampson				Mother's Birthplace	
Name of person giving information	Estelle Holland				Dorchester Co	
					How related to deceased	
					Mother	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis  
 Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

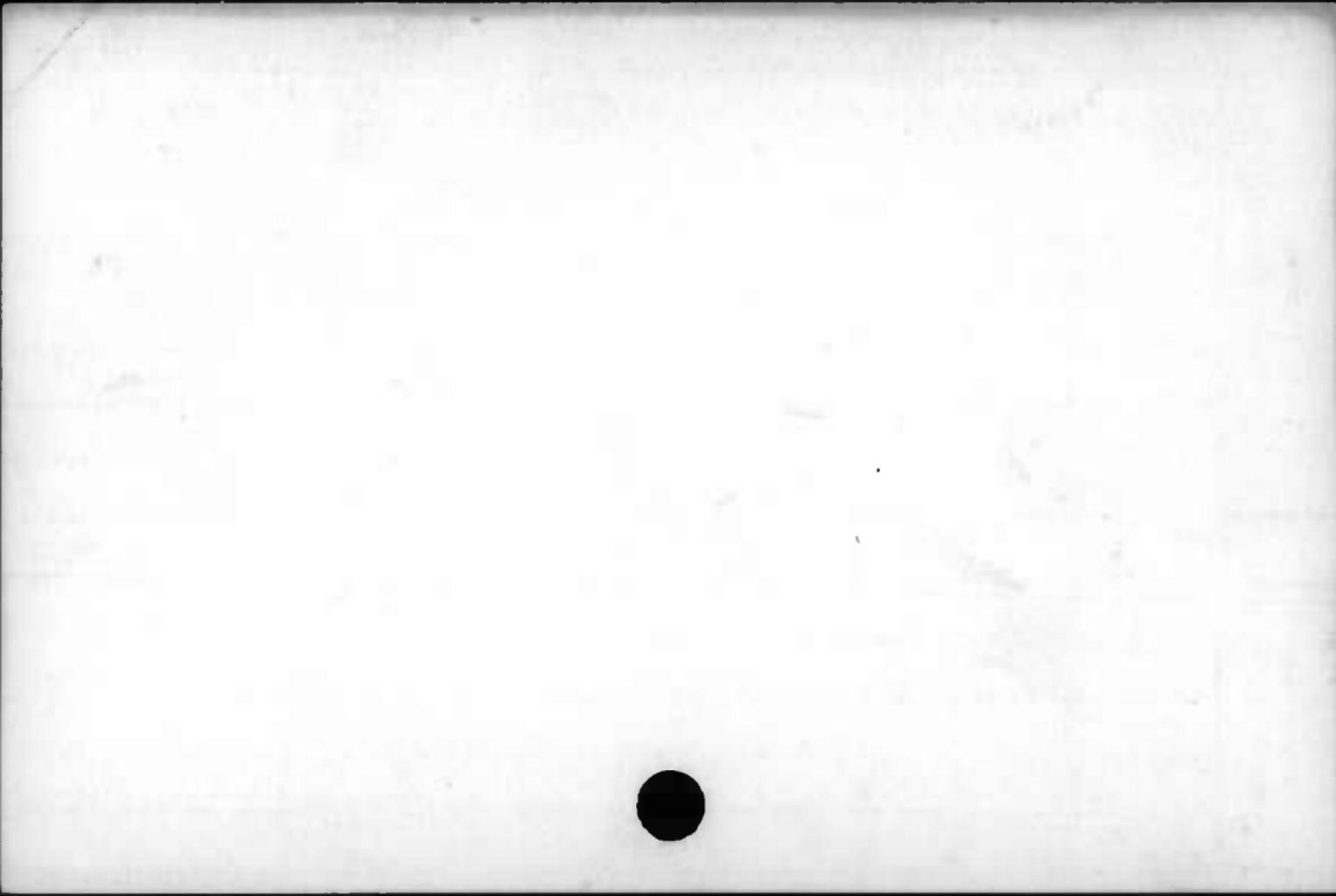
Signature of Physician

Address

How long several mos.  
 How long several weeks

Nester P. Reynolds M.D.  
Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Francis Horwes

CERTIFICATE OF DEATH

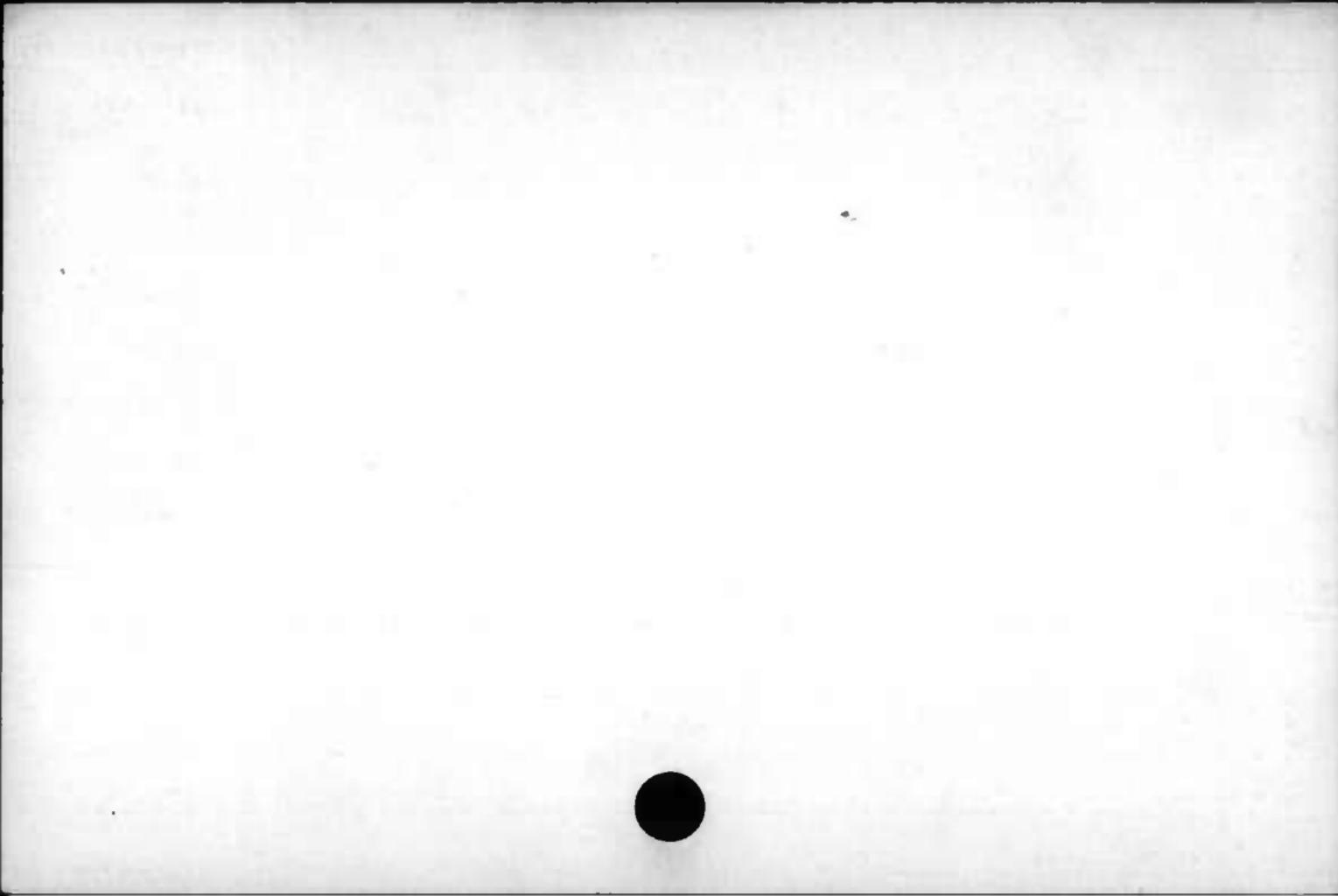
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>W. Henslock</u>		County <u>St. Mar</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>5</u>	Day <u>10</u>	Age <u>80</u>	Years	Months <u>1</u> Days <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>W. Henslock</u>			
Married, Single or Widowed <u>married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Elizabeth Harvey</u>					
Father's Name <u>W. Harvey</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Charles H. Harvey</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	(10)	How long <u>10 days</u>
Immediate <u>Senility</u>		How long <u>5 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <i>George Myers</i>	Address <i>St. Mar. 2nd</i>
Accident or Suicide? <u>no</u>		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 29	Years 1907	Months	Days	
Sex	Female	Color or Race	Age not known		Birth-place	Ind.	
Occupation	Sales		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Matthews Hopkins		Father's Birthplace	uninformed	
Father's Name	Rott-Dijm		—		Mother's Birthplace	uninformed	
Mother's Maiden Name	Naugh Dijm		—		How related to deceased	—	
Name of person giving information	—		—		—		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart failure

79

How long

3 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

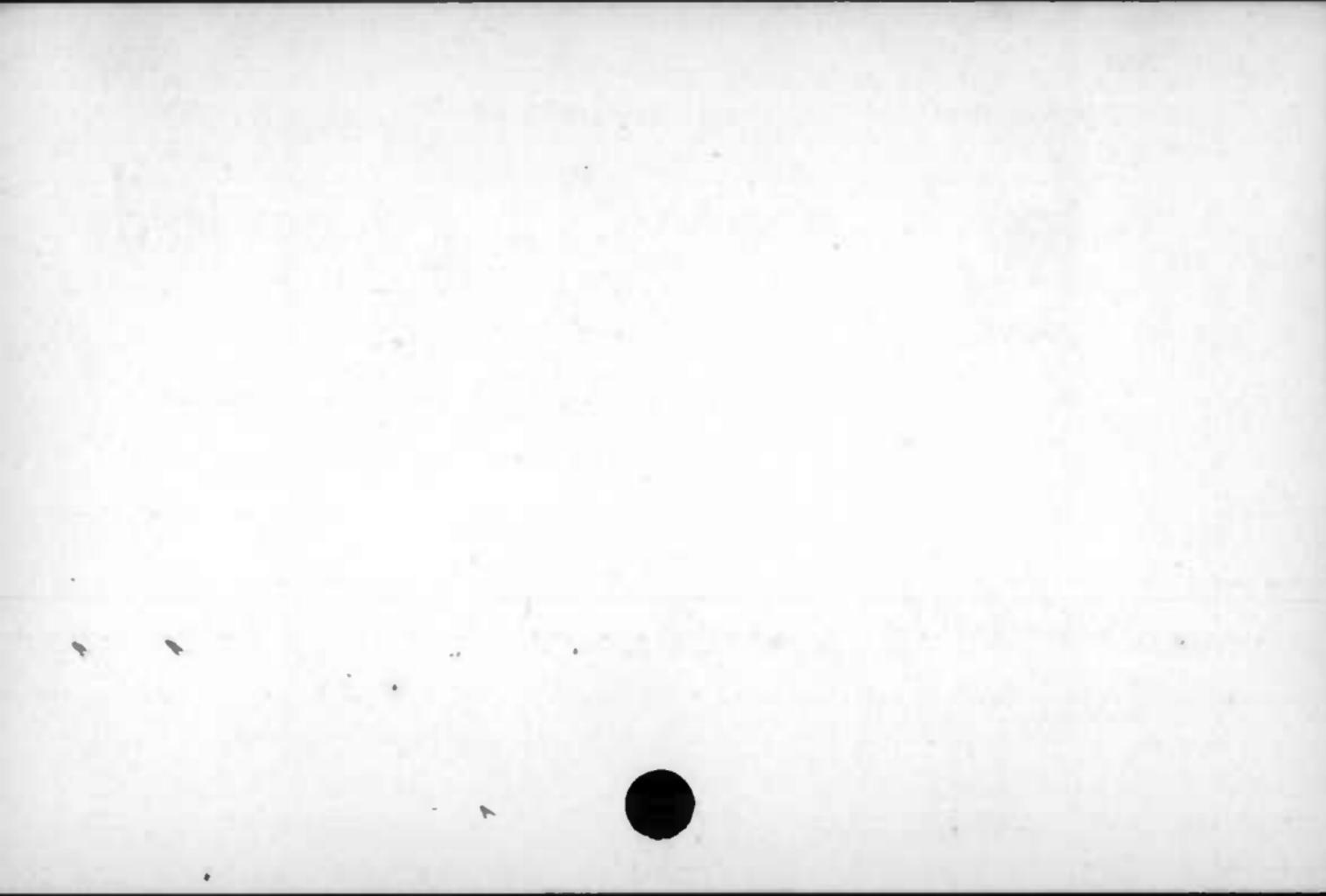
Signature of Physician

W.H. Hollis

Address

Baltimore Ind.

Accident or Suicide?



Name  
in  
Full

Hester Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1907	Month May	Day 26	Years 5	Months
Sex	Female	Color or Race	Black	Birth-place	Cambridge
Occupation	Child	Where Residing if not at place of death			Cambridge
Married, Single or Widowed	Single	Name of Wife or Husband			Cambridge
Father's Name	Mr James Hughes	✓			Father's Birthplace
Mother's Maiden Name	Saria Cowlish	✓			Mother's Birthplace
Name of person giving information	Mr James Hughes	✓			How related to deceased

CAUSES OF DEATH

93

How long

2 weeks

How long

20 minutes

Primary

Pneumonia (secondary

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Luna Insley

## CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Toddville</u>		County <u>Dorchester</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>May</u>	Day <u>08</u>	Age <u>41</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Toddville</u>				
Occupation <u>housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband		7			
Father's Name <u>John Insley</u>			Father's Birthplace <u>Toddville</u>			
Mother's Maiden Name <u>Mary Insley</u>			Mother's Birthplace			
Name of person giving Information	How related to deceased					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary

Hypertrophy of Heart

79

How long

2 years

Immediate

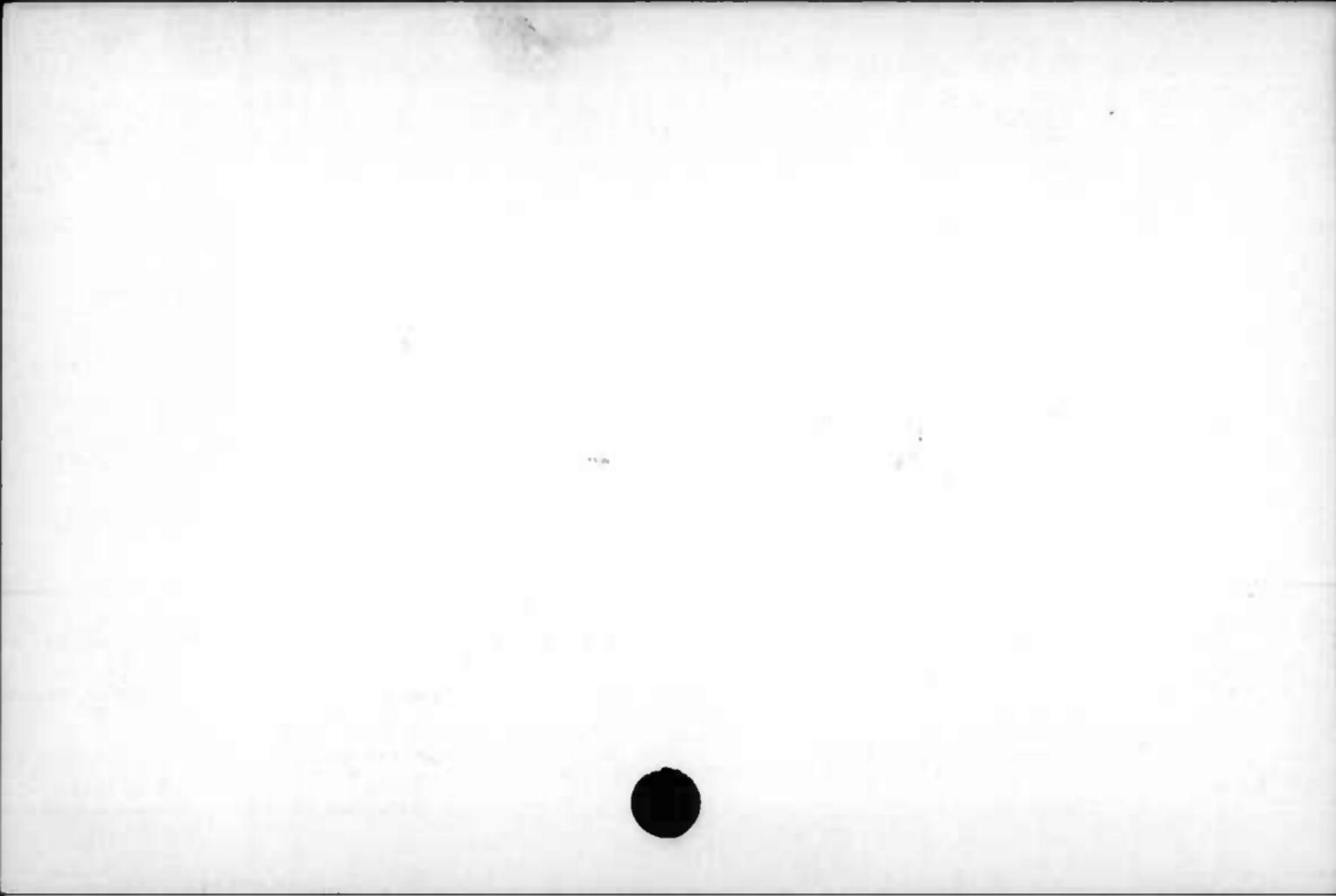
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Almonsey

Accident or Suicide?



Name  
in  
Full

Charlotte Johnson Color

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 11 <sup>th</sup>	Years 60	Months	Days
Sex	Female	Color or Race	Black		Birth-place	Dorchester
Occupation	Labour		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Wilkins Johnson		Father's Birthplace	Maryland
Father's Name	Adam Wilson		V			
Mother's Maiden Name	Mary West		V			Mother's Birthplace
Name of person giving Information	Kate Wilson		V			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

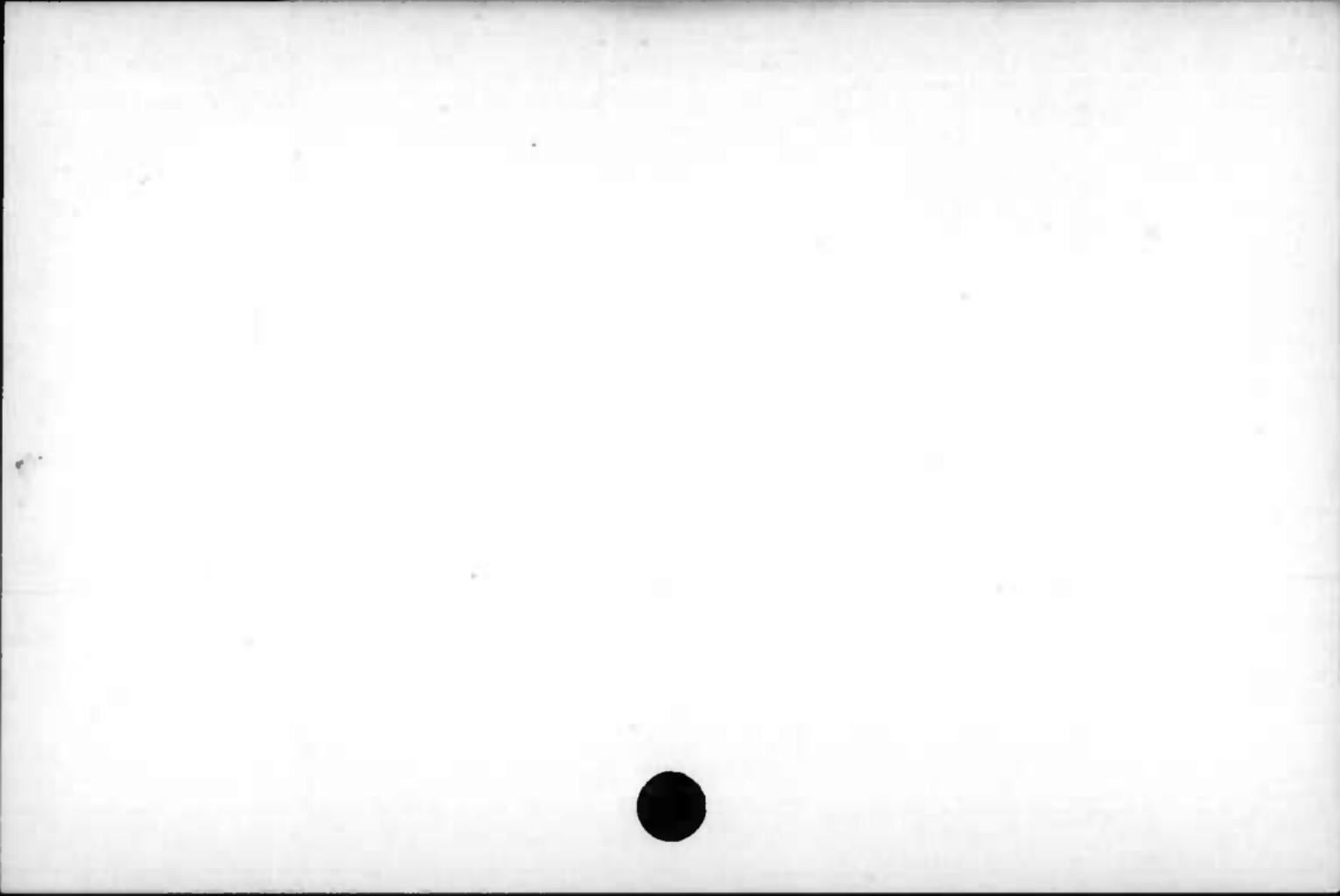
Signature of Physician

Address

Anthony W. Turner

J. P.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Hennie Kemp

CERTIFICATE OF DEATH

Died at		Town		County		State	
Cambodge		Dorchester		Co		MARYLAND	
Date of death	1907	Month	May	Day	19	Years	
Age	56	Months		Days			
Sex	Female	Color or Race	White	Birth-place	Talbot - Co		
Occupation	House Keeper		Where Residing if not at place of death	Cambodge			
Married, Single or Widowed	Name of Wife or Husband		Alford Kemp		Talbot Co		
Father's Name	John Chance		Father's Birthplace	Talbot Co			
Mother's Maiden Name	Hennie Chance		Mother's Birthplace	Talbot Co			
Name of person giving Information	James Kemp		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis.

120

How long  
2 or 3 years.

Immediate

Heart Failure

How long  
5 minutes

Are the name, age, sex, color, date and place correctly given above?

yes

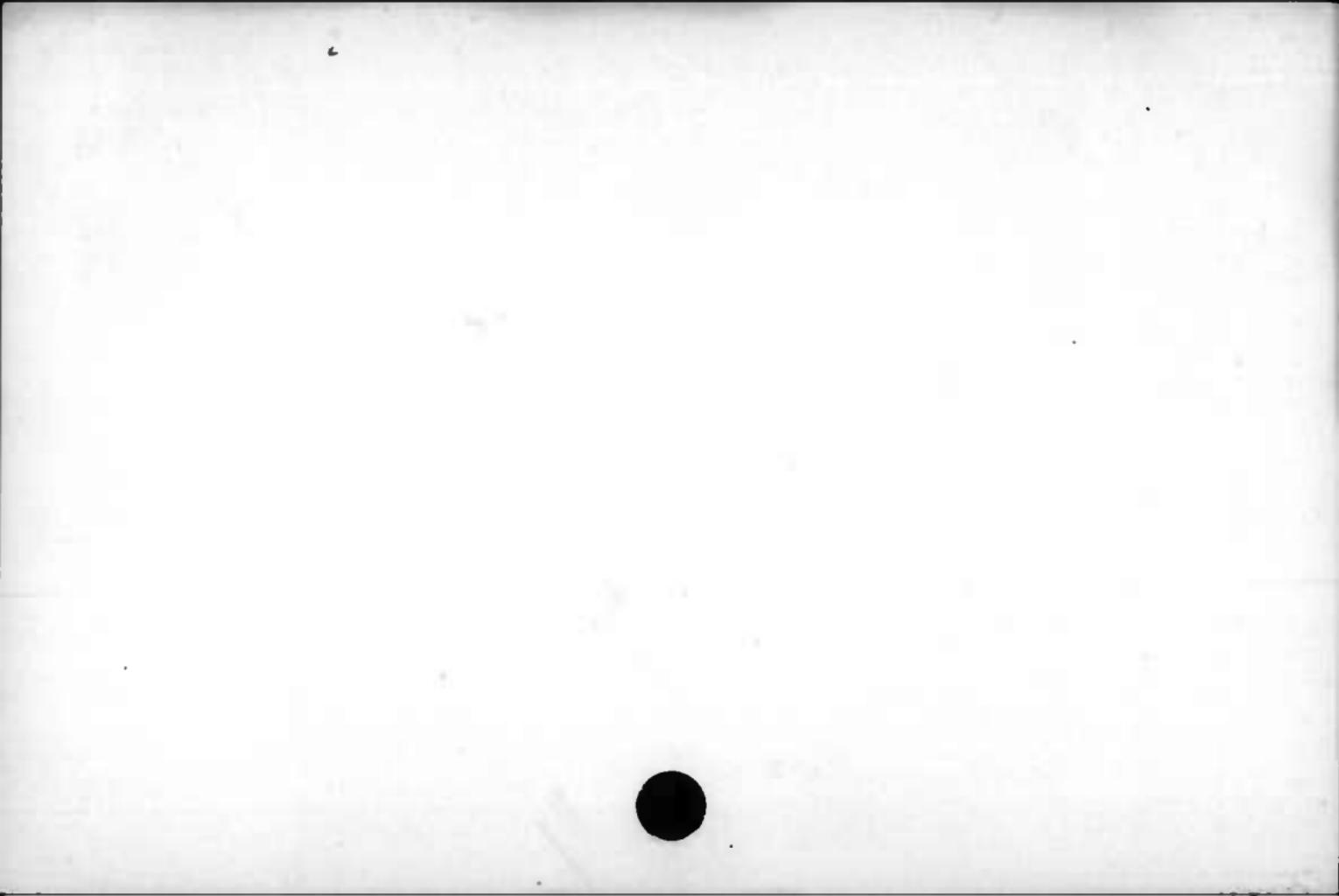
Signature of Physician

E. E. Wolff

Address

Cambidge, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John White Thieh

CERTIFICATE OF DEATH

Died at <u>Near Barnbridge</u>		Town <u>Dorchester</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>May</u>	Day <u>26</u>	Age <u>53</u> Years	Months <u>4</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Dorchester</u>				
Occupation <u>Farmer</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amelia Thieh</u>					
Father's Name <u>Gabriel J. Thieh</u>	Father's Birthplace <u>Dorchester</u>					
Mother's Maiden Name <u>Amelia Black</u>	Mother's Birthplace <u>Dorchester</u>					
Name of person giving Information <u>Amelia Thieh</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Mitral Regurgitation

How long

about 2 years

Immediate

Acute Congestion of Lungs

How long

about 6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Victor Blaurock  
Barnbridge, Md.

Accident or Suicide?



Name  
in  
Full

Thos. L. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lavinia Matthews		Matthews	
Father's Name	Sam'l Matthews		Father's Birthplace	Md.	
Mother's Maiden Name	Mary A. Quarks		Mother's Birthplace	Md.	
Name of person giving Information	Sam'l H. Matthews		How related to deceased	Brother	

CAUSES OF DEATH

(4)

PHYSICIAN  
OR CORONER

Primary

Malaria - Pernicious

How long

1 week

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

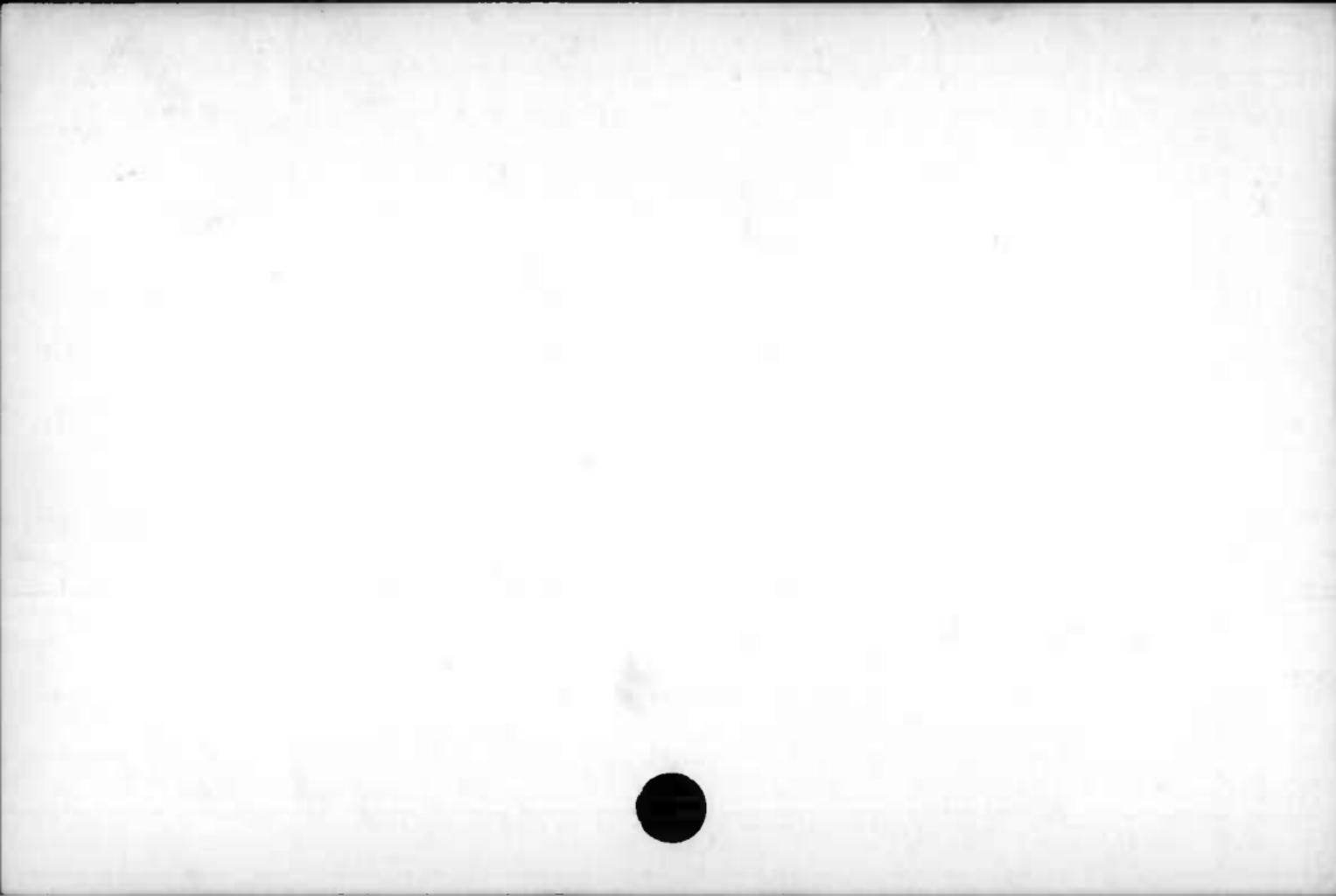
Address

Jo. H. Shriver Jr.

Taylor's Island

Dor. Co. Md.

Accident or Suicide? —



Name  
in  
Full

Charles W. Murdoch

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Toddville</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>18</u>	Years <u>37</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Dorchester</u>			
Occupation <u>Merchant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Victoria Robinson</u>		<del>✓</del>		
Father's Name <u>John Murdoch</u>				Father's Birthplace	<del>✓</del>
Mother's Maiden Name <u>Murphy</u>				Mother's Birthplace	<del>✓</del>
Name of person giving information	<del>✓</del>			How related to deceased	<del>✓</del>

PHYSICIAN  
OR CORONER

Paralysis

CAUSES OF DEATH

66

Primary

Paralysis of Brain

How long

78 days 1/2 yrs

Immediate

How long

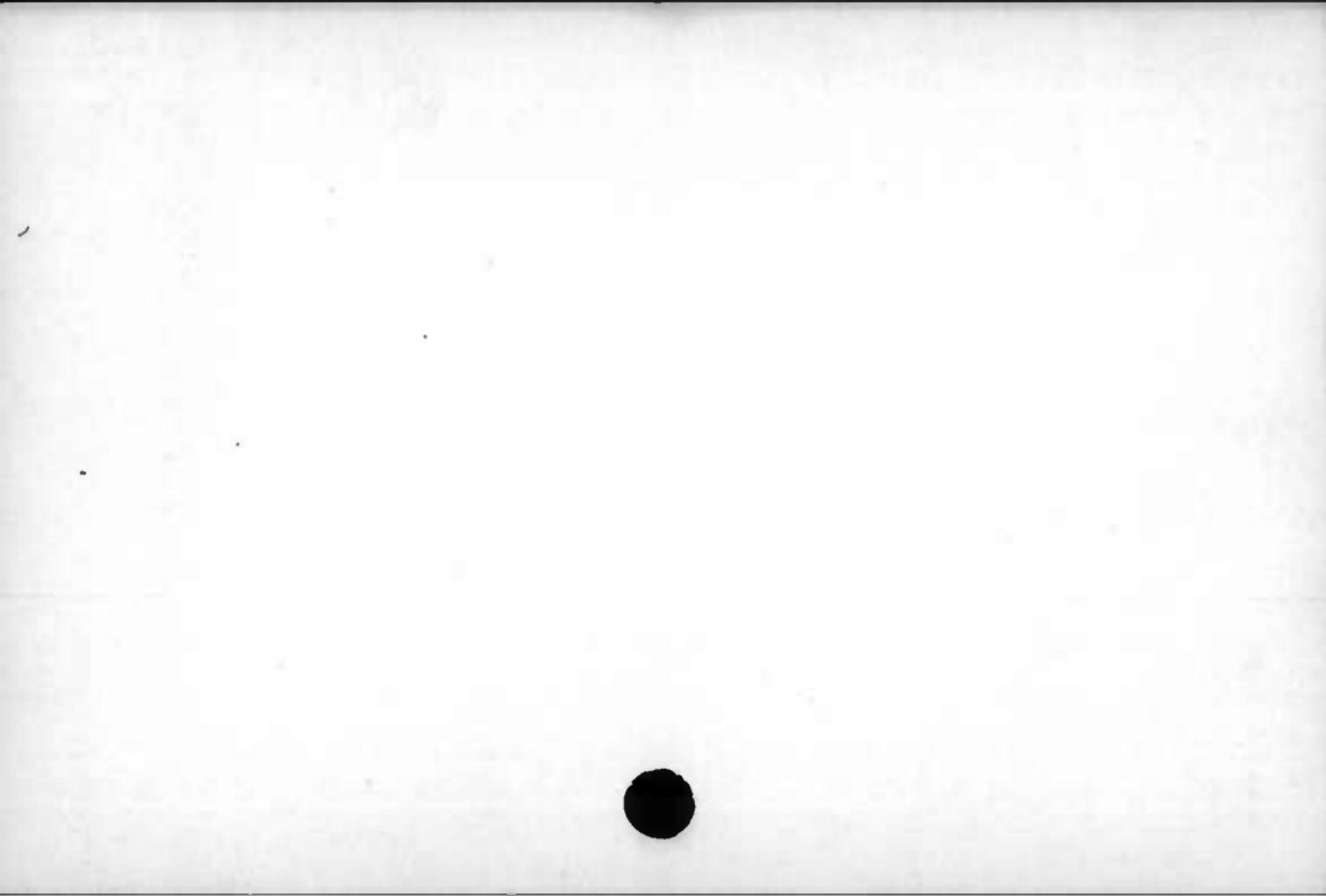
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Murray  
Wingate Court

Accident or Suicide?



Name  
in  
Full

George Mueller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesapeake Bay

County

MARYLAND

Date of death 1907 Month May Day 21

Years Months Days

Age unknown

Sex male

Color or Race white

Birthplace Germany

Occupation

Sailor

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Mueller

Father's Birthplace

Germany

Mother's Maiden Name

unknown

Mother's Birthplace

Germany

Name of person giving  
Information

Capt John W. Parks

How related  
to deceased

None

CAUSES OF DEATH

Primary

Divorced

How long

—

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician  
Chas. M. Hanby, M. D.

Address

County Health Officer  
Delaware County  
Delaware County

Accident or Suicide

PHYSICIAN  
OR CORONER



100

Name  
in  
Full

George Pam

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		State	
Cambodgr		Baltimore	Md.		MARYLAND	
Date of death	1907	Month May	Day 13	Age 1	Years	Months 2
Sex	male	Color or Race	Black	Birth-place	Cambodgr	
Occupation	Child	Where Residing if not at place of death Cambodgr				
Married, Single or Widowed	Name of Wife or Husband		✓			
Father's Name	Jerry Pam		Father's Birthplace Cambodgr			
Mother's Maiden Name	Dont-Know		Mother's Birthplace Dont-Know			
Name of person giving information	Jerry Pam		How related to deceased Father			

CAUSES OF DEATH

Primary *Abcess in Parietal Lobe of Brain*

74

How long

the week

Immediate *Human life*

How long

about 4 hours

Are the name, age, sex, color, date and place correctly given above?

yes

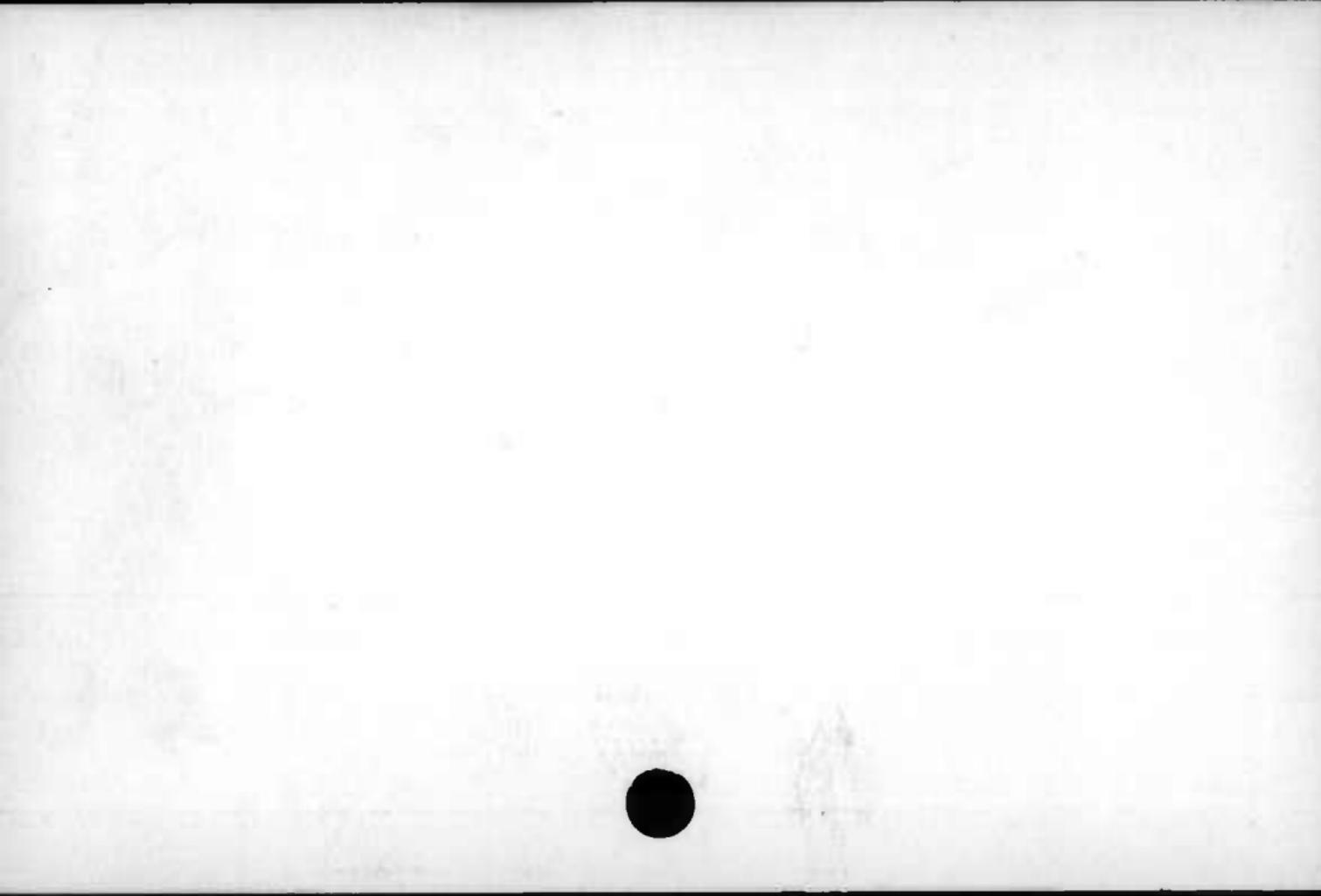
Signature of Physician

*Victor Flawell*

Address

*Baltimore, Md.*

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Solomon J Phillips

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 1	Years 60	Months	Days 12
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Oysterman			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Josie A. Phillips			
Father's Name	Solomon J. Phillips			Father's Birthplace	Md	
Mother's Maiden Name	Fannie J. Robins			Mother's Birthplace	Md	
Name of person giving information	Josie A Phillips			How related to deceased	Wife	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Rheumatism

How long

2 weeks

Immediate

Cerebral Hemorrhage

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

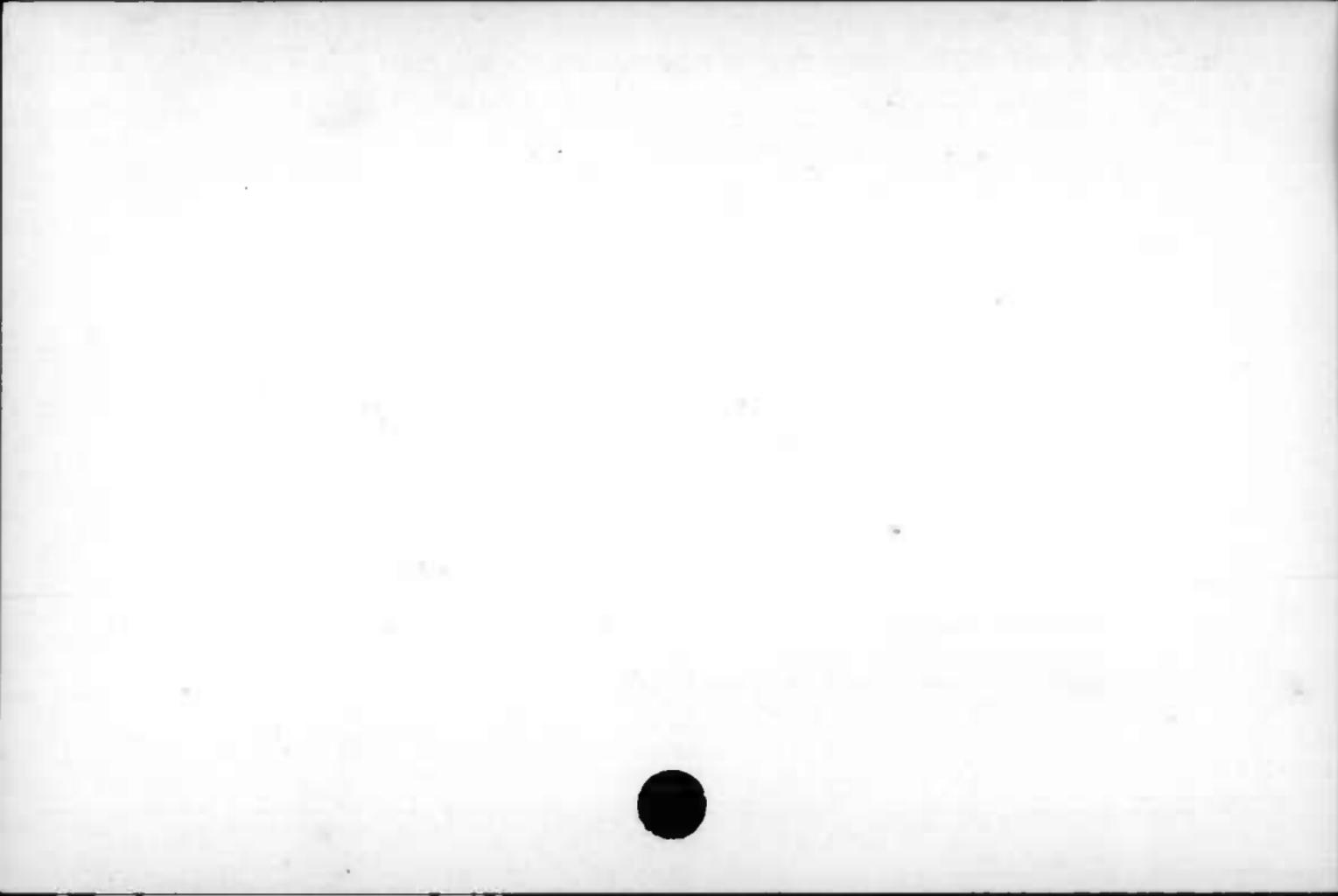
Yes

Signature of Physician

Address

E. A. Conner, M. D.  
Boyle

Accident or Suicide?



Name  
in  
Full

Dan Pinder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bucktown</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>7<sup>th</sup></u>	Age <u>20</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Calorca</u>	Birth-place <u>Bucktown</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Wm. J. Pinder</u>			Father's Birthplace <u>Bucktown</u>		
Mother's Maiden Name <u>Leah Clash</u>			Mother's Birthplace <u>#</u>		
Name of person giving Information <u>Jos. Phillips</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis.

How long

don't know-

Immediate don't know as I only saw him once, quite a long time ago.

How long

Are the name, age, sex, color, date and place correctly given above?

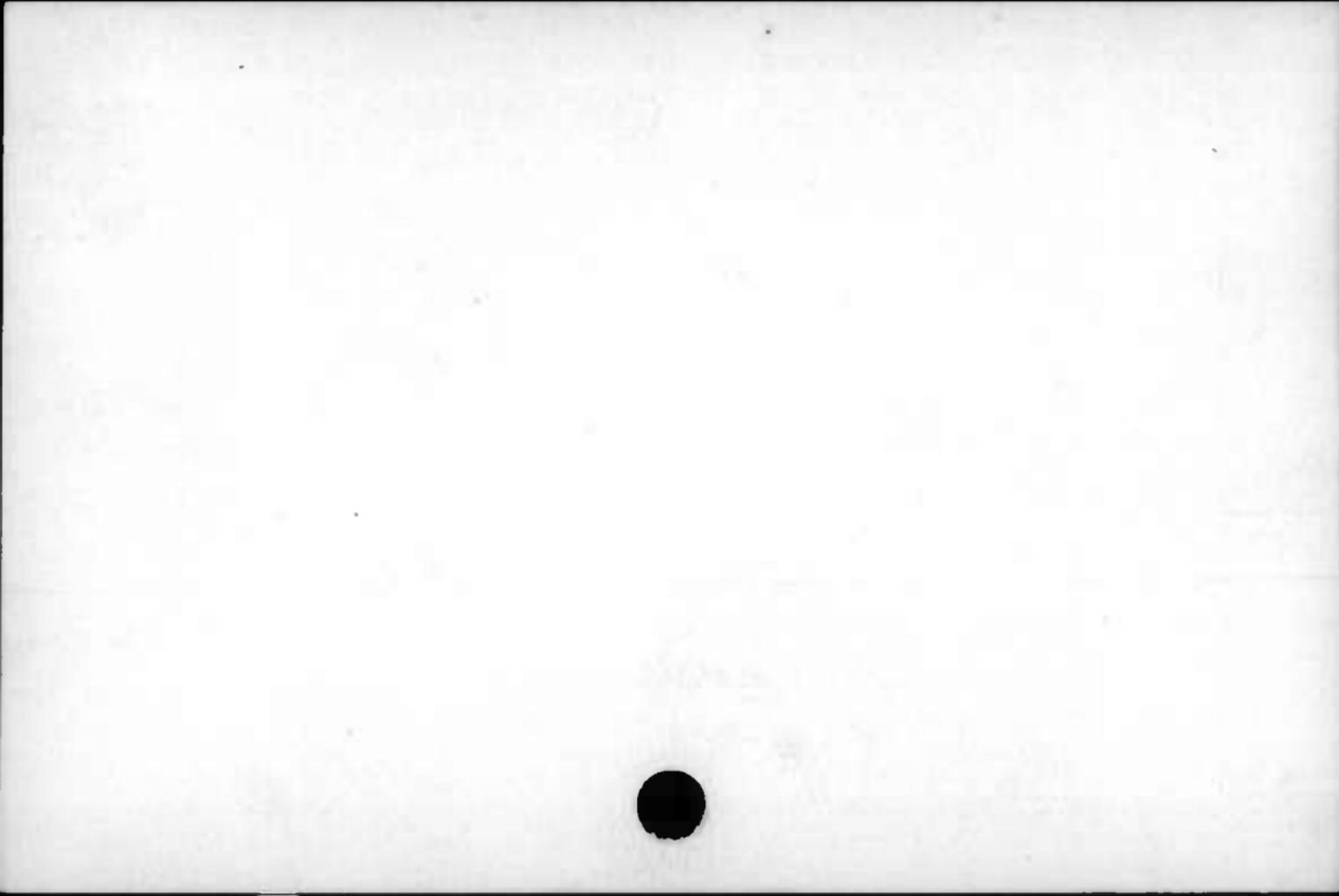
yes

Signature of Physician

E. E. Wolff

Address Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Ida Rebecca Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

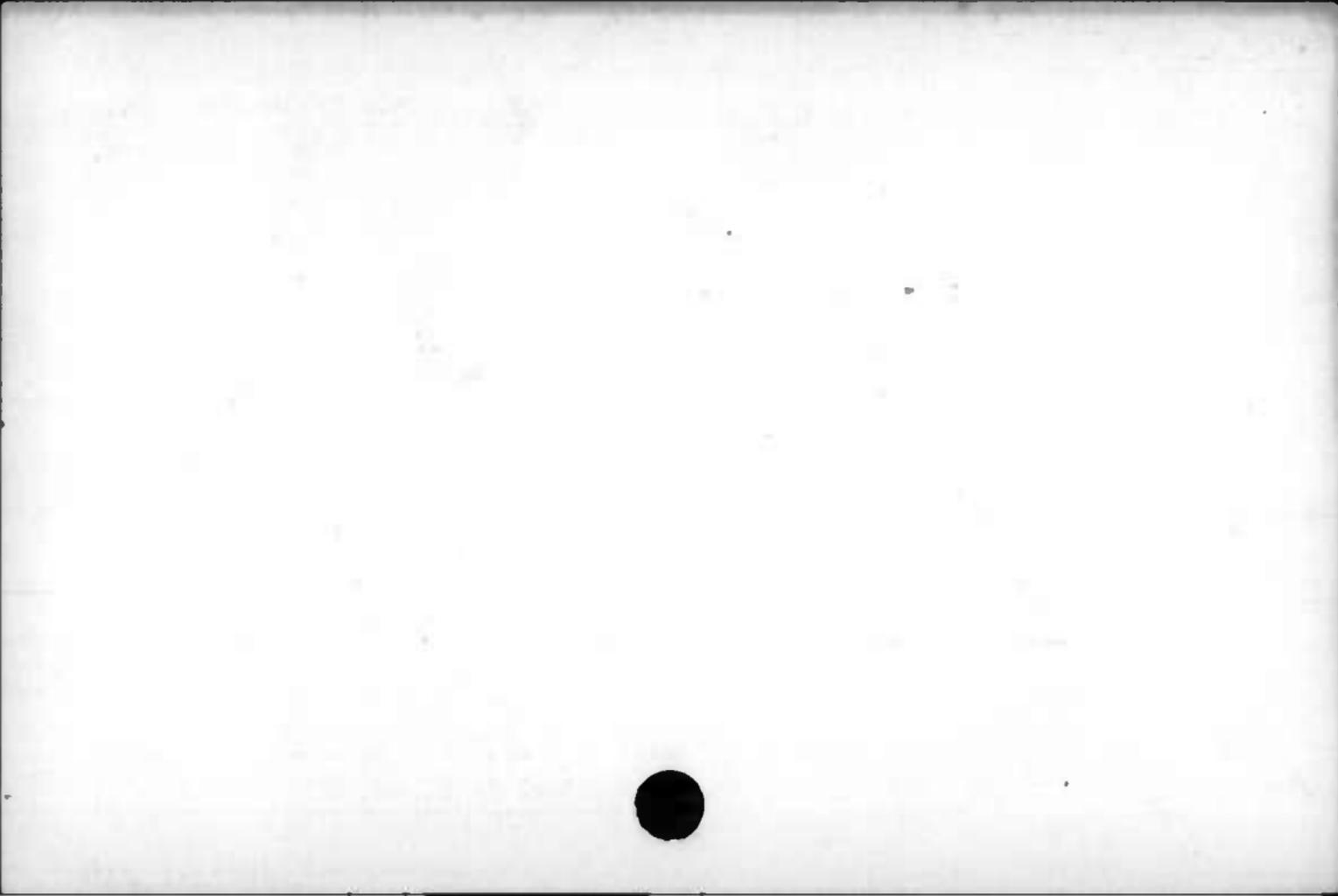
Died at	Town	County	MARYLAND		
1901	Cambridge	Dorchester	Months	Days	
Date of death	Month	Age	Years	Months	Days
Sex	Color or Race	Colored	Birthplace	Westminister, Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Richard Pinder			
Father's Name	Amos Bell	Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Rebecca Jones	Mother's Birthplace	Pennsylvania		
Name of person giving Information	Richard Pinder	How related to deceased	Husband		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia, Labor		How long	3 weeks
Immediate	Cardiac Failure		How long	12 hrs.
Are the name, age, sex, color, date and place correctly given above?		May	Signature of Physician	Nester P. Reynolds M.D.
			Address	Cambridge, Md.
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<b>James R Rhine</b>				<b>CERTIFICATE OF DEATH</b>		
Died at <b>James</b>		Town <b>Anchaster</b>	County <b>Anchaster</b>	<b>MARYLAND</b>		
Date of death <b>1904 May</b>	Month <b>May</b>	Day <b>25</b>	Years <b>63</b>	Months <b>14</b>	Days <b>14</b>	
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Anchaster</b>				
Occupation <b>Mail carrier</b>	Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Susan A Rhine</b>					
Father's Name <b>Ankerman</b>	Father's Birthplace <b>Scotland</b>					
Mother's Maiden Name <b>Ankerman</b>	Mother's Birthplace <b>Md</b>					
Name of person giving Information <b>J. R Rhine</b>	How related to deceased <b>Son</b>					

**CAUSES OF DEATH**

**27**

PHYSICIAN  
OR CORONER

Primary

**Pulmonary tuberculosis**

How long

**1 yr**

Immediate

Are the name, age, sex, color, date and place correctly given above?

**yes**

Signature of Physician

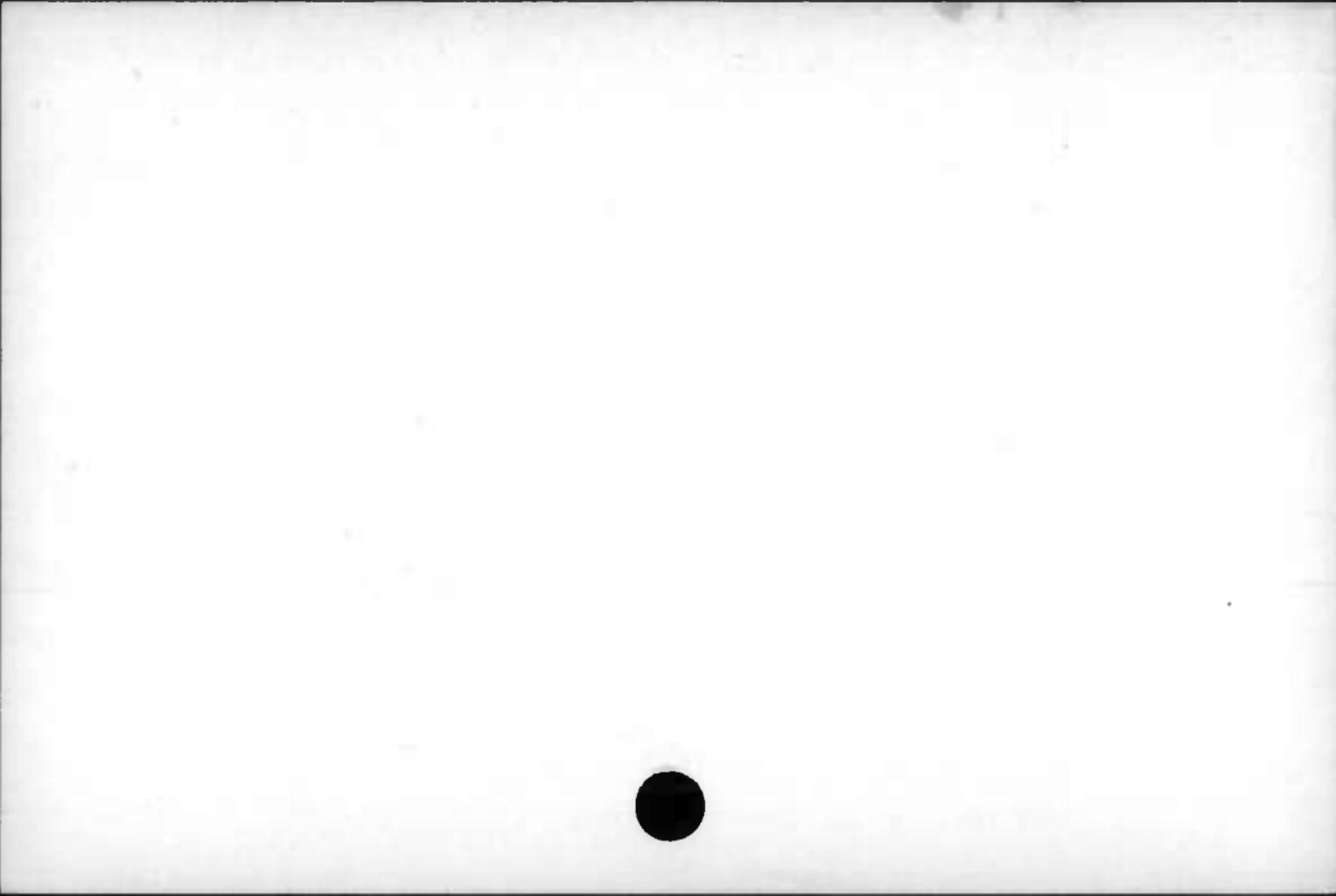
**S. A. Stafers**

Address

**R #6 #5**

Accident or Suicide?

**Cambridge**



Name  
In  
Full

Alice Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town.	County	
Died at Lakewood	Chesapeake	
Date of death 1907 May 1	Month	Day
Age 34	Years	Months
Sex female	Color or Race white	Birth-place Bucktown
Occupation Housewife	Where Residing if not at place of death	
Married, Single or Widowed married	Name of Wife or Husband James W. Robbins	
Father's Name Joseph Willey	Father's Birthplace Bucktown	
Mother's Maiden Name Elvira Inster	Mother's Birthplace Bucktown	
Name of person giving information James W. Robbins	How related to deceased Husband	

CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary Abortion

How long

2 months

Immediate Arterial & Sepsis

How long

short while

Are the name, age, sex, color, date and place correctly given above?

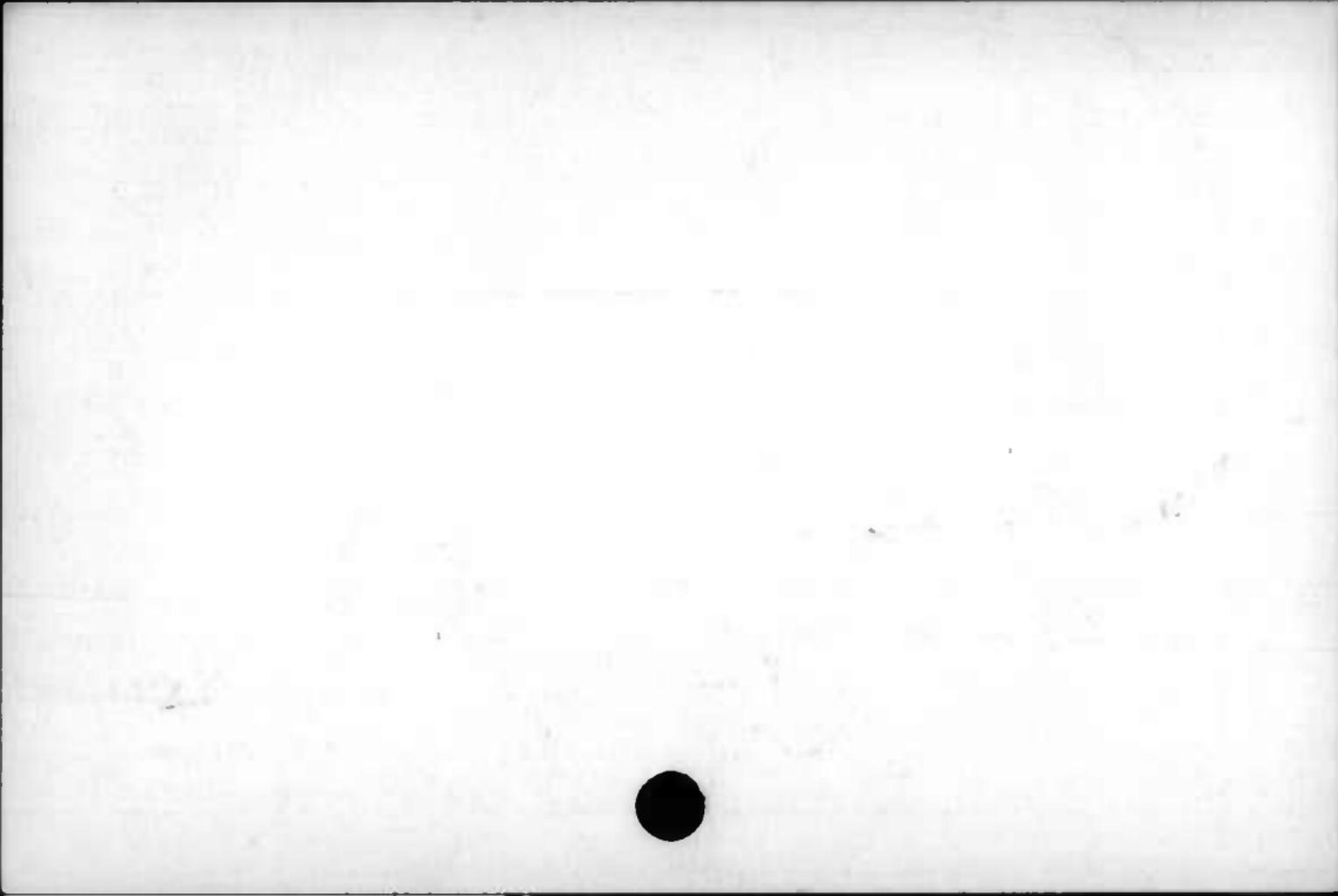
Y

Signature of Physician

Address

John Grace  
Cosulich

Accident or Suicide?



Name  
in  
Full

Murphy el *Johnson* Colon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<i>Clarence Sampson</i>					Father's Birthplace
Mother's Maiden Name	<i>Eymma Coleman</i>					Mother's Birthplace
Name of person giving Information	<i>Clarence Sampson</i>					How relate to deceased
CAUSES OF DEATH						
Primary	<i>Unknown</i> <b>179</b>					How long
Immediate						How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

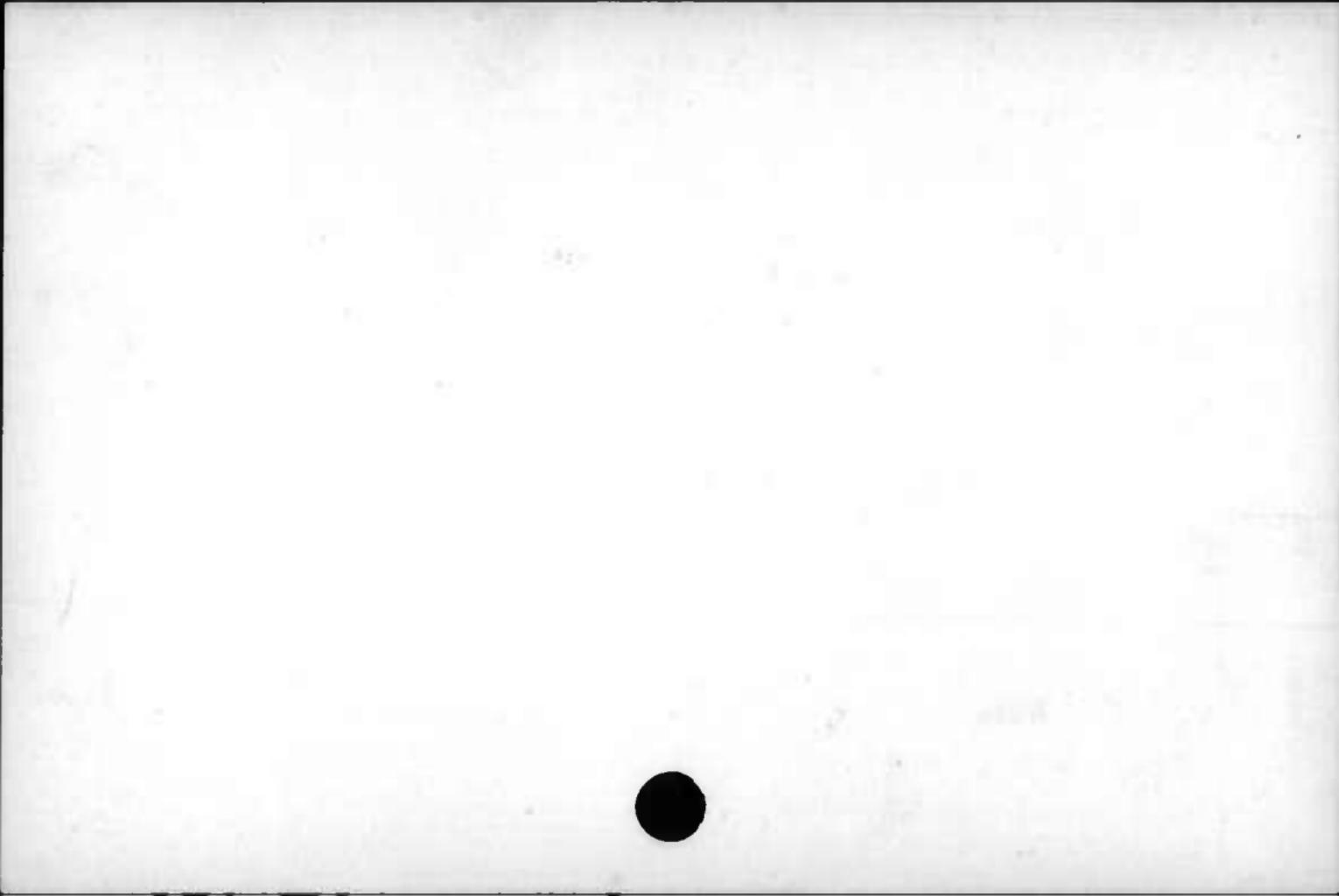
*Yes*

Signature of Physician

Address

*Admission*  
*D.P.*

Accident or Suicide?



Name  
in  
Full

Benjamin F. Sherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

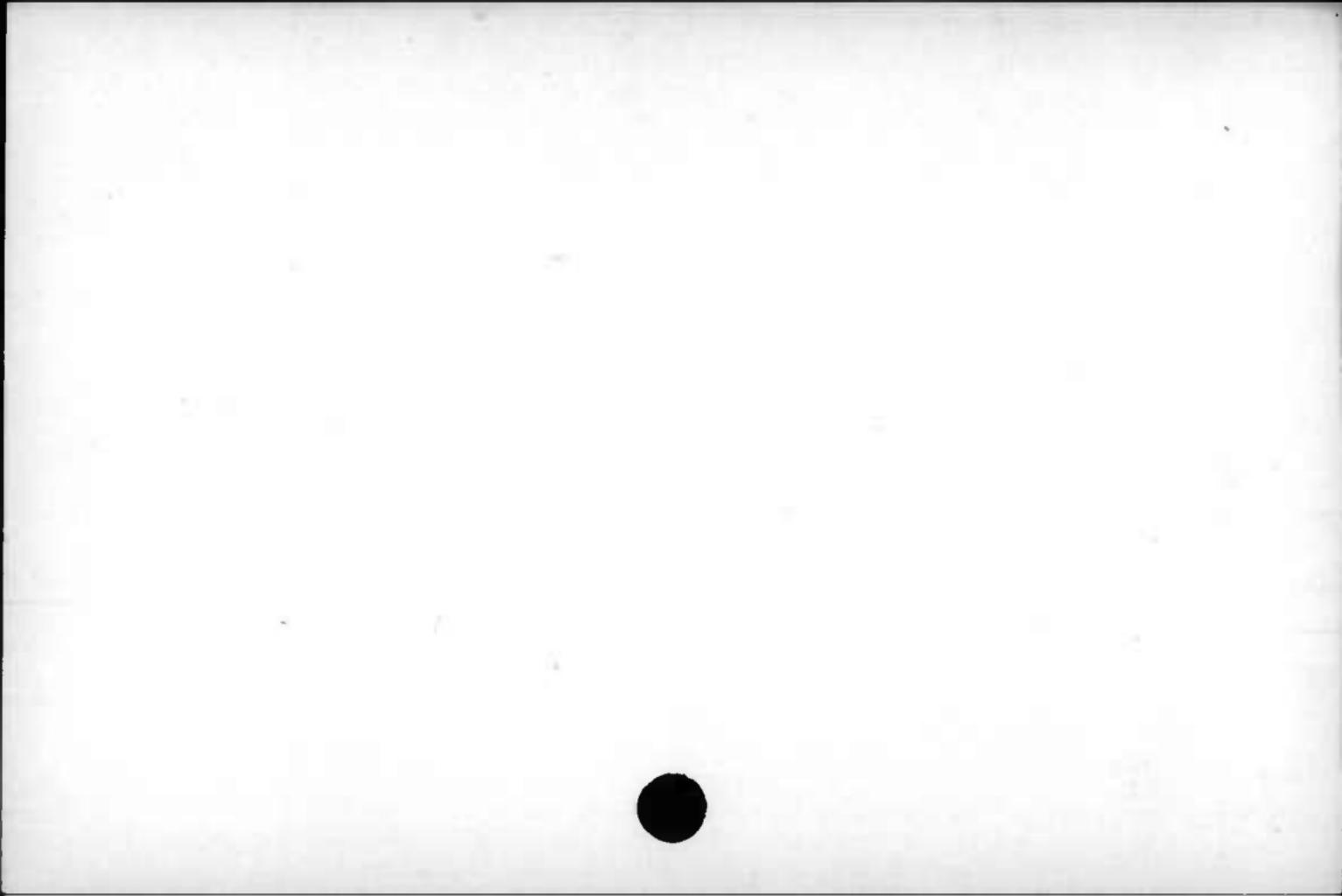
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75	1	8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cambridge "			
Father's Name	Solomon Sherman				
Mother's Maiden Name	Mary Neill				
Name of person giving information	Thomas W. Sherman				

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Apoplectic		How long	one week
Immediate	Exsanguination		How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. W. Harely Jr.	
		Address		
Accident or Suicide?				



Name  
in  
Full

Annie Velma Spedden

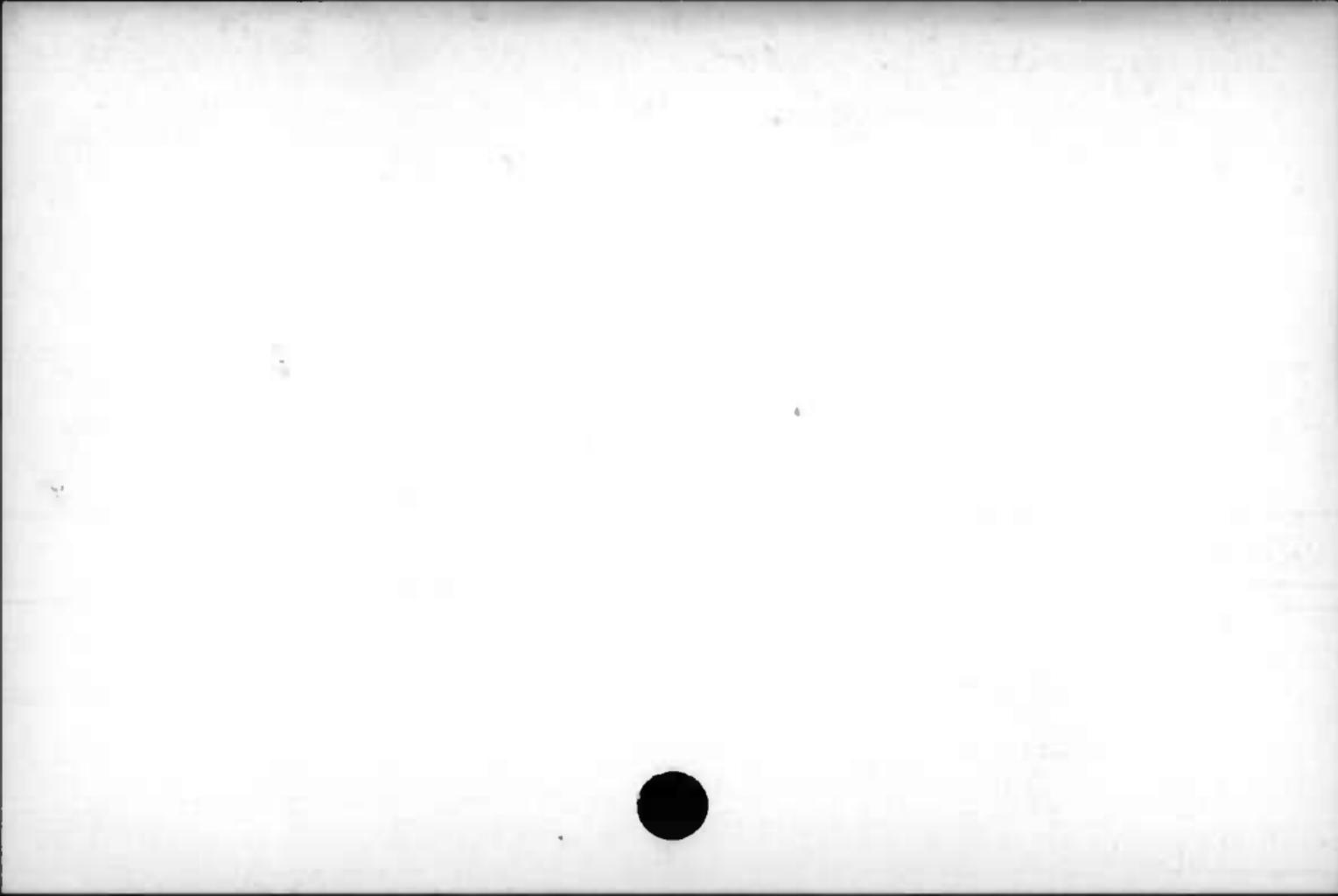
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Hills Point		Town	County		MARYLAND		
Date of death	1907	Month May	Day 21	Years 0	Months 0	Days 24	
Sex Female	Color or Race White		Birth-place Hills Point Md				
Occupation none	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband none						
Father's Name George	Spedden		Father's Birthplace Hills Point Md				
Mother's Maiden Name Annie M Spedden						Mother's Birthplace Hills Point Md	
Name of person giving information Geo H Spedden						How related to deceased Father	
CAUSES OF DEATH							
Primary	Strangulation was 1 hr						
Immediate	accidental.						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S A Stokes	
				Address		R # 05 Cambridge	

PHYSICIAN  
OR CORONER

Accident or Suicide?	Accidental
Signature of Physician	
Address	



Name  
in  
Full

Henrietta C Stanley

CERTIFICATE OF DEATH

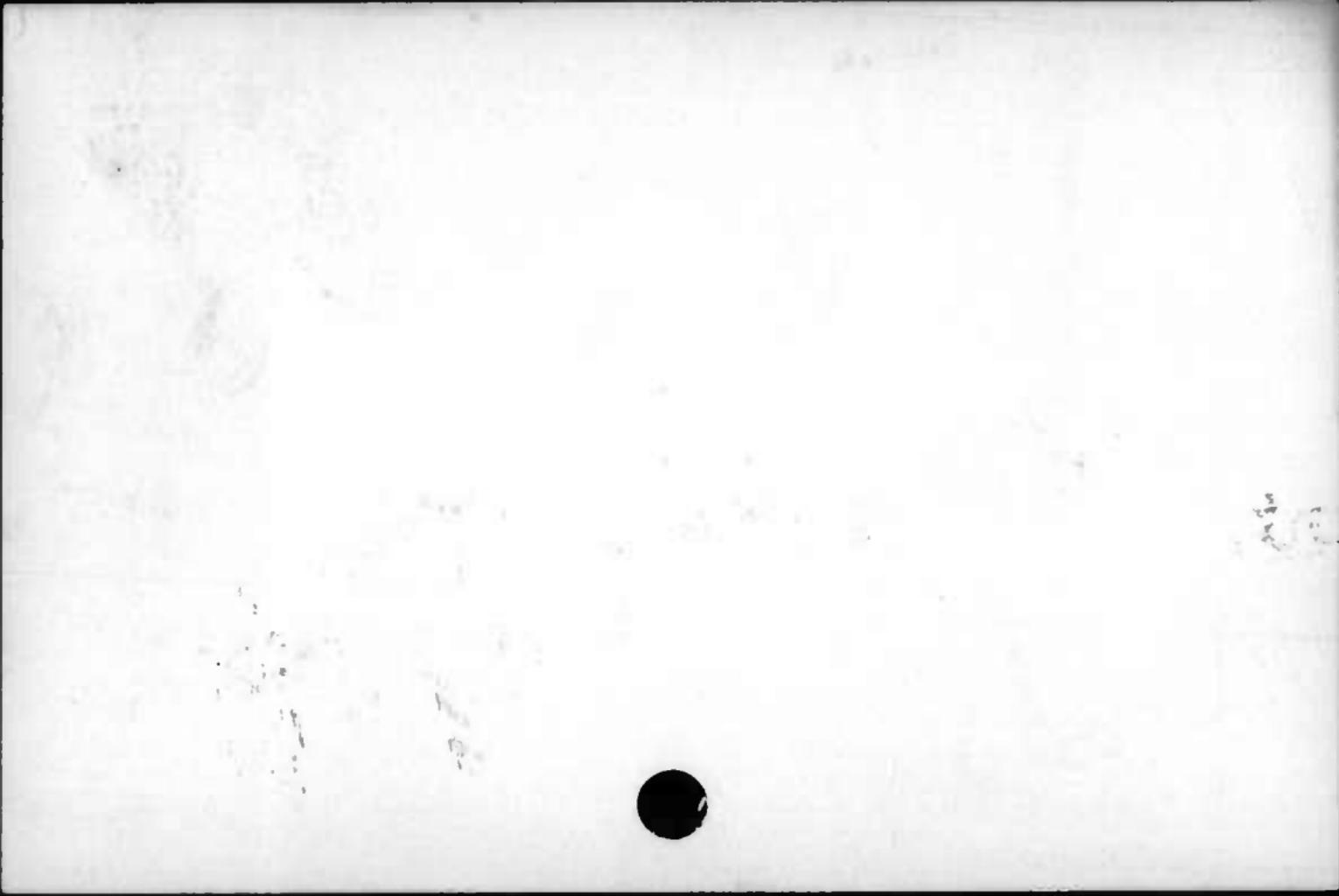
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cambridge		Dorchester Co			
Date of death 1907	Month May	Day 11	Years 75	Months	Days
Sex Female	Color or Race Black	Birth-place Cambridge Ma			
Occupation House Lady	Where Residing if not at place of death Cambridge				
Married, Single or Widowed	Name of Wife or Husband Josiah Stanley				
Father's Name Isie Fisher	Father's Birthplace Buckin				
Mother's Maiden Name Nancy Ann Stanley	Mother's Birthplace Bucklo				
Name of person giving information Ami Gordon	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion (104)		How long 2 hours
Immediate	Heart Failure		How long don't know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. Wolff	Address Cambridge, Md
Yes			
Accident or Suicide?			



Name  
in  
Full

Rosa Stanley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month	Day	Years	Months Days
Sex Female	Color or Race	white	Birth-place	Maryland
Occupation school girl	Where Residing if not at place of death			
Married, Single or Widowed single	Name of Wife or Husband unknown			
Father's Name Major Stanley	Father's Birthplace Md			
Mother's Maiden Name Anna Carson	Mother's Birthplace Md			
Name of person giving Information Major Stanley	How related to deceased Father			

CAUSES OF DEATH

119

How long

PHYSICIAN  
OR CORONER

Primary

Effusion

Immediate

Acute Bright's disease 7 days

Are the name, age, sex, color, date and place correctly given above?

yes

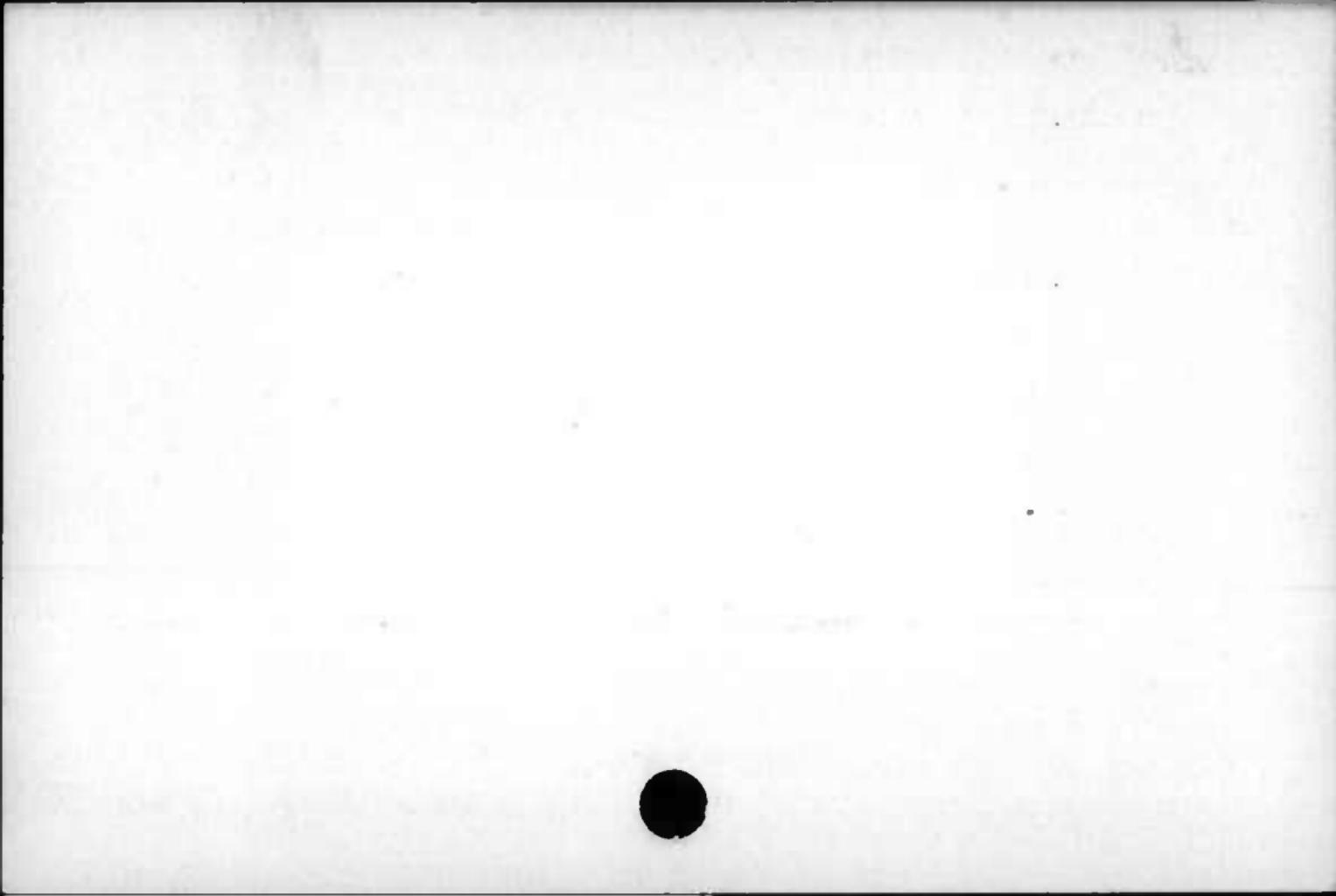
Signature of Physician

B. J. Maguire

Address

400 West 12th St. Md

Accident or Suicide?



Name  
in  
Full

Rufus Hamilton Tall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Bucksford	Gloucester				
Date of death	1907	Month May	Day 13	Years	Months 7	Days 24
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Gordy Tall			Father's Birthplace	Md	
Mother's Maiden Name	Annie G. Pritchett			Mother's Birthplace	Md	
Name of person giving information	Gordy Tall			How related to deceased	father	

CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary  
Organic Heart Disease

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

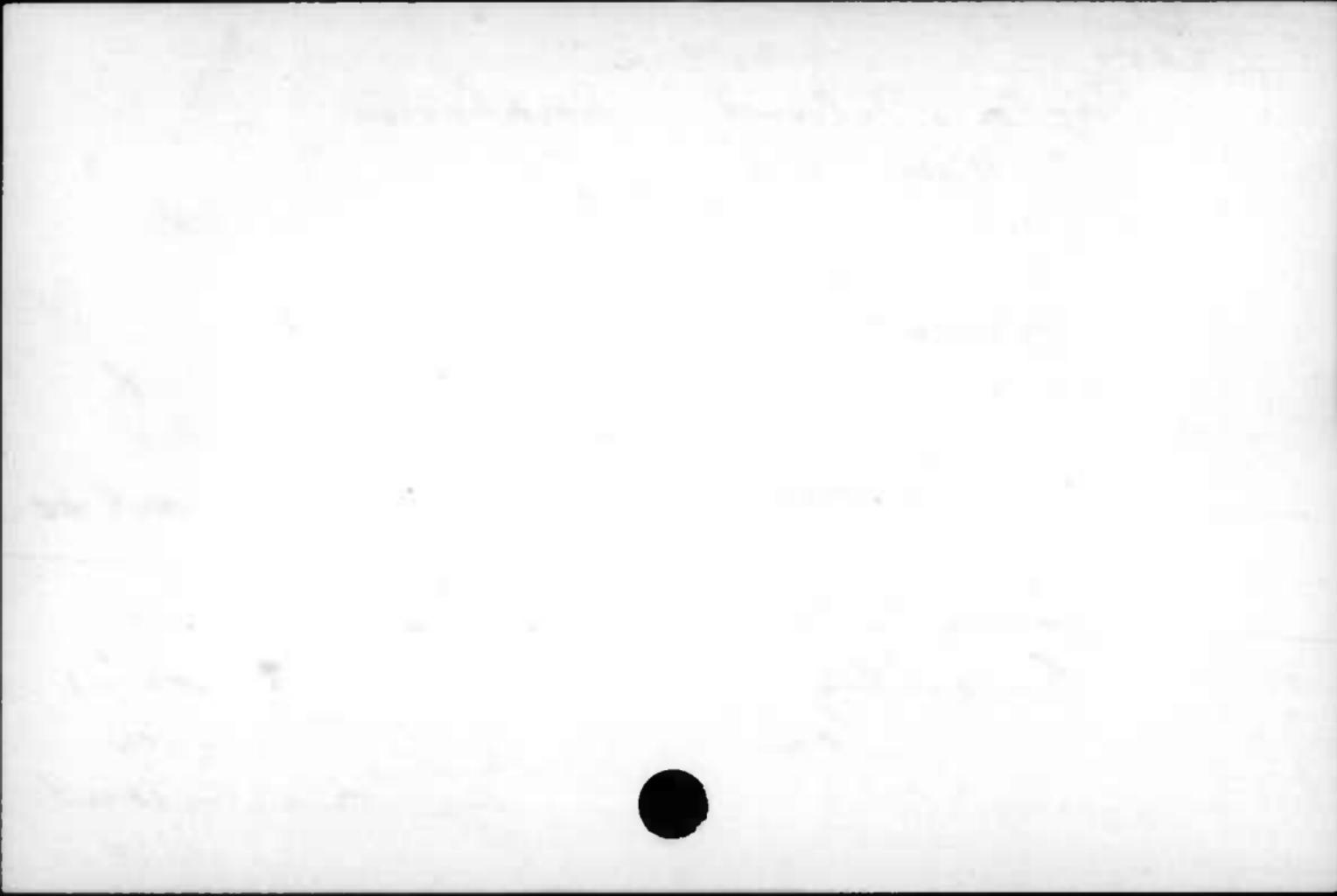
Yes

Signature of Physician

Address

E. A. Jones  
Coosa, Md.

Accident or Suicide?



Name  
in  
Full

Levi D. Travers

CERTIFICATE OF DEATH

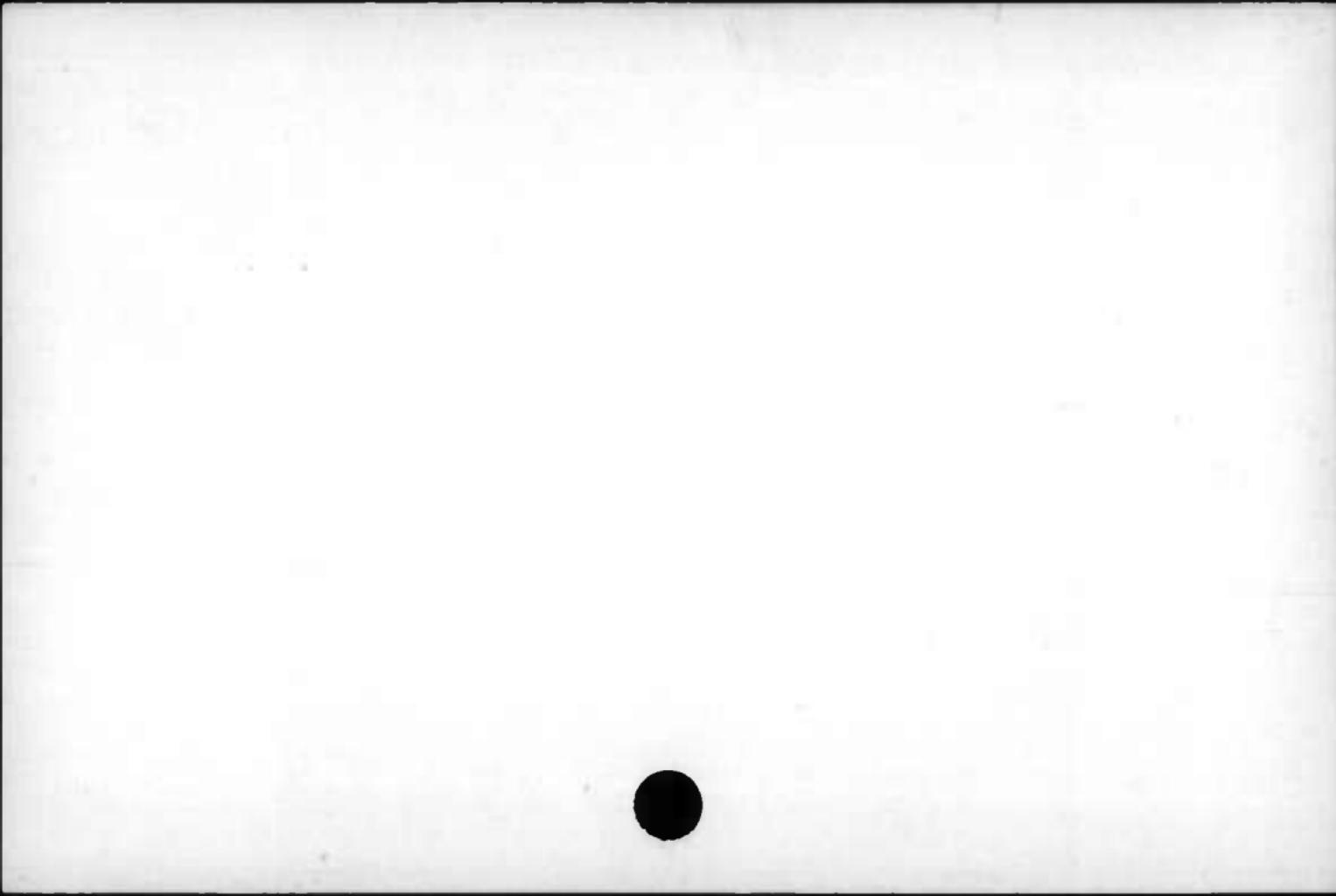
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Taylor's Island		Dorchester			
Date of death	Month	Day	Years	Months	Days	
1907	May	26	78	6	5	
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Farming.					Where Residing if not at place of death
Married, Single or Widowed	Widowed	Name of Wife or Husband	Eliza Jane Travers			
Father's Name	Levi D. Travers		Father's Birthplace	Md.		
Mother's Maiden Name	Prudence Sheldon		Mother's Birthplace	Md		
Name of person giving information	Duncan L. Nolley		How related to deceased	Grandson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis		How long	18 mos.
Immediate	Enteritis		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jos. B. Shriver Jr.	
Yes		Address	Taylor's Island Md.	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Infant No name Van				CERTIFICATE OF DEATH		
Died at Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	May	25	0	0	0	
Sex	Color or Race	Age		Birth-place		
Female	White	0		Maryland		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	None				
Father's Name	None				Father's Birthplace	Maryland
Mother's Maiden Name	None				Mother's Birthplace	None
Name of person giving Information	None				How related to deceased	Father

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary

Acouchement Force'

How long

About 30 mins.

Immediate

Asphyxia

How long

Could not resuscitate

Are the name, age, sex, color, date  
and place correctly given above?

Yrs

Signature of  
Physician

Address

E.H. Waelt

Cambridge, Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Loyds Town  
Joseph Warfield  
Baltimore County

MARYLAND

Date  
of death

1907 May 14 Years

Age 60 - 70

Months

Days

Month

Day

Year

Sex

Male

Color or  
Race

Negro

Birth-  
place

bar. Co Ind

Occupation

Farm Labour

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

not known

Father's  
Birthplace

Ind

Father's  
Name

Aaron Warfield

Mother's  
Birthplace

Ind

Mother's  
Maiden Name

Amy Gibson

Mother's  
Birthplace

Ind

Name of person giving  
Information

Kemp Wilson

How related  
to deceased

none

CAUSES OF DEATH

93

Primary

Lobar pneumonia

long  
5 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J A Stokes M.D.

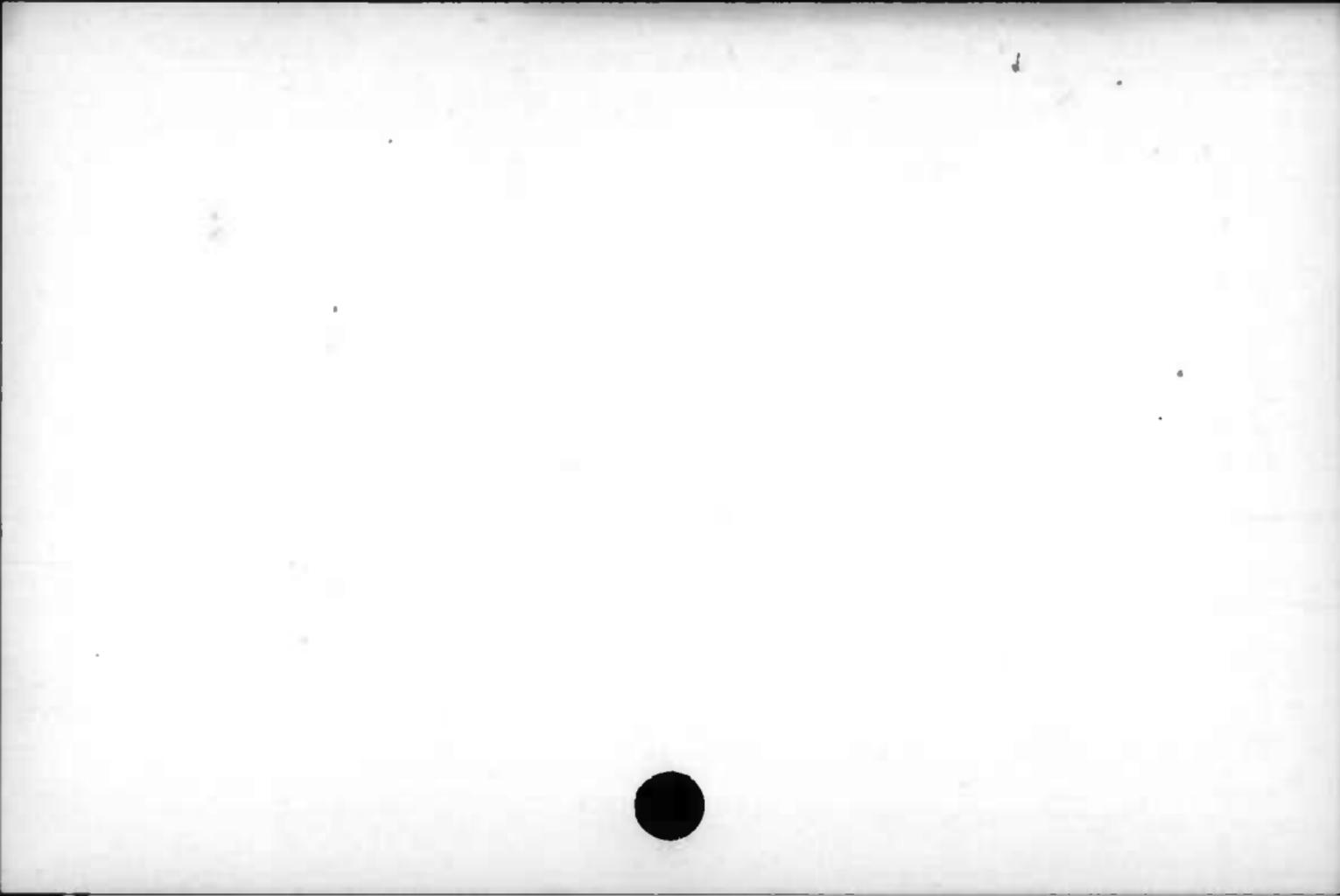
Address

876# Cambridge

Ind

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Mary Whaler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth-place				
Occupation	Where Residing if not at place of death		Townpoint -				
Married, Single or Widowed	Name of Wife Husband	Thomas Whaler		Thomas Whaler			
Father's Name	John Valant -		Father's Birthplace				
Mother's Maiden Name	Sarie Valant -		Don't Know				
Name of person giving Information	Bain Brannock		Mother's Birthplace				
How related to deceased						Don't Know	
not at all							

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *old age, cerebral heart disease*

How long

Immediate *Gradual exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*Guy Steele  
Cambridge Md.*

Accident or Suicide?

